



**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

Oberweis for Congress

Report Covering the Period: From: 

M	M
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	1

D	D
2	4

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)).....	89738.55	1528178.07
(b) Total Contribution Refunds (from Line 20(d)).....	1500.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	88238.55	1528178.07
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	272685.52	5025681.77
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	200.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	272685.52	5025481.77
8. Cash on Hand at Close of Reporting Period (from Line 27).....	8504.47	
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).....	1008195.82	

**For further information contact:**

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

**POST-ELECTION DETAILED  
SUMMARY PAGE**

FEC Form 3 (Revised 07/05)

Report of Receipts and Disbursements

Page 5

- . If the candidate participated in the general election, use this form for the 30-day Post-General report.
- . If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

Oberweis for Congress

Report Covering the Period: From: 

M	M
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

**I. RECEIPTS**

	<b>COLUMN A</b> Total this Period	<b>COLUMN B</b> Election Cycle Total as of <table border="1" style="display: inline-table; border-collapse: collapse; margin: 5px;"> <tr><td>M</td><td>M</td></tr><tr><td>1</td><td>1</td></tr> </table> <table border="1" style="display: inline-table; border-collapse: collapse; margin: 5px;"> <tr><td>D</td><td>D</td></tr><tr><td>0</td><td>8</td></tr> </table> <table border="1" style="display: inline-table; border-collapse: collapse; margin: 5px;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr> </table> (date of general election)	M	M	1	1	D	D	0	8	Y	Y	Y	Y	2	0	0	8	<b>COLUMN C</b> Total for <table border="1" style="display: inline-table; border-collapse: collapse; margin: 5px;"> <tr><td>M</td><td>M</td></tr><tr><td>1</td><td>1</td></tr> </table> <table border="1" style="display: inline-table; border-collapse: collapse; margin: 5px;"> <tr><td>D</td><td>D</td></tr><tr><td>0</td><td>9</td></tr> </table> <table border="1" style="display: inline-table; border-collapse: collapse; margin: 5px;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr> </table> (date after general election) through <table border="1" style="display: inline-table; border-collapse: collapse; margin: 5px;"> <tr><td>M</td><td>M</td></tr><tr><td>1</td><td>1</td></tr> </table> <table border="1" style="display: inline-table; border-collapse: collapse; margin: 5px;"> <tr><td>D</td><td>D</td></tr><tr><td>2</td><td>4</td></tr> </table> <table border="1" style="display: inline-table; border-collapse: collapse; margin: 5px;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr> </table> (last day of reporting period)	M	M	1	1	D	D	0	9	Y	Y	Y	Y	2	0	0	8	M	M	1	1	D	D	2	4	Y	Y	Y	Y	2	0	0	8
M	M																																																		
1	1																																																		
D	D																																																		
0	8																																																		
Y	Y	Y	Y																																																
2	0	0	8																																																
M	M																																																		
1	1																																																		
D	D																																																		
0	9																																																		
Y	Y	Y	Y																																																
2	0	0	8																																																
M	M																																																		
1	1																																																		
D	D																																																		
2	4																																																		
Y	Y	Y	Y																																																
2	0	0	8																																																
11. CONTRIBUTIONS (other than loans) FROM:																																																			
(a) Individuals/Persons Other than Political Committees																																																			
(i) Itemized (Use Schedule A)	58800.00	911581.24	1500.00																																																
(ii) Unitemized	1520.00	84881.15	0.00																																																
(iii) Total of contributions from individuals	60320.00	996462.39	1500.00																																																
(b) Political Party Committees	0.00	27314.15	0.00																																																
(c) Other Political Committees	6250.00	228543.15	0.00																																																

**POST-ELECTION DETAILED  
SUMMARY PAGE  
Report of Receipts and Disbursements**

<b>COLUMN A</b> Total this Period	<b>COLUMN B</b> Election Cycle Total as of * (date of general Election) (* See page 5 for date)	<b>COLUMN C</b> Total for * (date after general election) Through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
23168.55	275858.38	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
89738.55	1528178.07	1500.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	3555000.00	0.00
(b). All Other Loans		
0.00	0.00	0.00
(c). TOTAL LOANS (add Lines 13(a) and (b))		
0.00	3555000.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (refunds, rebates, etc)		
0.00	200.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc)		
1652.74	3427.92	1500.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
91391.29	5086805.99	3000.00

**POST ELECTION DETAILED SUMMARY PAGE**

FEC Form 3 (Revised 1/01)

Report of Receipts and Disbursements

Page 7

Write or Type Committe Name

Oberweis for Congress

Report the covering period

From:

MM 10

DD 16

YYYY 2008

To:

MM 11

DD 24

YYYY 2008

**II. DISBURSEMENTS**

<b>COLUMN A</b> Total this period	<b>COLUMN B</b> Election Cycle Total as of * (date of general election) (* See page 5 for date)	<b>COLUMN C</b> Total for * Through * (date after general election) (last day of reporting period) (* See page 5 for date)
17. OPERATING EXPENDITURES		
272685.52	5025681.77	22604.75
18. TRANSFER TO OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
19. LOAN PAYMENTS		
(a) Of Loans Made or Guaranteed by the Candidate		
20000.00	0.00	20000.00
(b) Of All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b) )		
20000.00	0.00	20000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
1500.00	0.00	1500.00
(b) Political Party Committees		
0.00	0.00	0.00

**POST ELECTION DETAILED SUMMARY PAGE**

FEC Form 3 (Revised 1/01)

Report of Receipts and Disbursements

Page 8

COLUMN A Total this period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	Total for * Through *	COLUMN C (date after general election) (last day of reporting period) (* See page 5 for date)
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(c) Other political committees (such as PACs)

0.00	0.00	0.00
------	------	------

(d) TOTAL CONTRIBUTION REFUNDS (See Lines 20(a), (b) and (c) )

1500.00	0.00	1500.00
---------	------	---------

21. OTHER DISBURSEMENTS

275.00	11265.00	250.00
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22. TOTAL DISBURSEMENTS (add lines 17, 18, 19(c), 20(d), and 21)

294460.52	5036946.77	44354.75
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**III. NET CONTRIBUTIONS (OTHER THAN LOANS)**

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract line 20(d) from Line 11(e))

88238.55	1528178.07	0.00
----------	------------	------

**IV. NET OPERATING EXPENDITURES**

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract line 14 from Line 17)

272685.52	5025481.77	22604.75
-----------	------------	----------

**V. CASH SUMMARY**

23. CASH ON HAND AT BEGINING OF REPORTING PERIOD .....	211573.70
24. TOTAL RECEIPTS AT THIS PERIOD (from Line 16).....	91391.29
25. SUBTOTAL(add Line 23 and Line 24) .....	302964.99
26. TOTAL DISBURSEMENTS AT THIS PERIOD (from Line 22).....	294460.52
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (Subtract Line 26 from Line 25).....	8504.47

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 64  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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

NAME OF COMMITTEE (In Full)  
Oberweis for Congress

**A.** Full Name (Last, First, Middle Initial)  
Robert Boey  
Mailing Address 320 Windsor Dr  
City State Zip Code  
Dekalb IL 60115  
FEC ID number of contributing federal political committee. C  
Name of Employer Occupation  
American Bare Conductor Executive  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2000.00  
Date of Receipt M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 8  
Transaction ID: SA11AI.9731  
Amount of Each Receipt this Period  
500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Sandy Sandy Carrigan  
Mailing Address 333 E Toughy  
City State Zip Code  
Des Plaines IL 60018  
FEC ID number of contributing federal political committee. C  
Name of Employer Occupation  
United Display Craft CEO  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00  
Date of Receipt M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 0 8  
Transaction ID: SA11AI.9732  
Amount of Each Receipt this Period  
500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Fred Conforti  
Mailing Address 2101 Lillian Ln  
City State Zip Code  
Lisle IL 60532  
FEC ID number of contributing federal political committee. C  
Name of Employer Occupation  
retired retired  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00  
Date of Receipt M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 8  
Transaction ID: SA11AI.9734  
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) ..... 1500.00  
**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 64

(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)  
Oberweis for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Joseph Costello

Mailing Address 600 N Dearborn St Unit #1401

City State Zip Code  
Chicago IL 60654

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Home Run Inn Frozen Foods VP of Sales

Receipt For: 2008 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 29 / 2008

**Transaction ID:** SA11AI.9735

Amount of Each Receipt this Period  
500.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Lawrence Desideri

Mailing Address 1301 N Dearborn Parkway Apt 801

City State Zip Code  
Chicago IL 60610

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Winston & Strawn Attorney

Receipt For: 2008 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 27 / 2008

**Transaction ID:** SA11AI.9737

Amount of Each Receipt this Period  
500.00

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

**C.**

Full Name (Last, First, Middle Initial)  
Edwin DeVilbiss

Mailing Address 450 East Park St

City State Zip Code  
Arlington Heights IL 60005

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
retired retired

Receipt For: 2008 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 31 / 2008

**Transaction ID:** SA11AI.9631

Amount of Each Receipt this Period  
1500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... 2500.00

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 64  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Oberweis for Congress

**A.** Full Name (Last, First, Middle Initial)  
Morrie DeZara

Mailing Address 319 W Erie

City Chicago State IL Zip Code 60610

FEC ID number of contributing federal political committee. C

Name of Employer Luna Carpet Occupation Manager

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt M M / D D / Y Y Y Y  
10 / 25 / 2008

**Transaction ID:** SA11AI.9611

Amount of Each Receipt this Period 1000.00

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

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

Mailing Address 418 S Washington

City Hinsdale State IL Zip Code 60521

FEC ID number of contributing federal political committee. C

Name of Employer Dober Occupation Executive

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

Date of Receipt M M / D D / Y Y Y Y  
10 / 24 / 2008

**Transaction ID:** SA11AI.9593

Amount of Each Receipt this Period 2000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Brian Dolan

Mailing Address 765 Orchard Ave

City Aurora State IL Zip Code 60506

FEC ID number of contributing federal political committee. C

Name of Employer Dolan & Murphy Occupation Real Estate

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt M M / D D / Y Y Y Y  
10 / 21 / 2008

**Transaction ID:** SA11AI.9585

Amount of Each Receipt this Period 1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... 4000.00

**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 10 / 64

(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)  
Oberweis for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Daniel D Dolan

Mailing Address 770 Morningside Ave

City Aurora State IL Zip Code 60505

FEC ID number of contributing federal political committee. C

Name of Employer Dolan & Murphy Occupation Real Estate

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt MM / DD / YYYY  
10 / 21 / 2008

**Transaction ID:** SA11AI.9577

Amount of Each Receipt this Period 2000.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Daniel J Dolan

Mailing Address 624 Charlotte Lane

City Oswego State IL Zip Code 60543

FEC ID number of contributing federal political committee. C

Name of Employer Dolan & Murphy Occupation Real Estate

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY  
10 / 21 / 2008

**Transaction ID:** SA11AI.9579

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)  
Daniel T T Dolan

Mailing Address 258 Willowwod Dr

City Oswego State IL Zip Code 60543

FEC ID number of contributing federal political committee. C

Name of Employer Dolan & Murphy Occupation Broker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY  
10 / 21 / 2008

**Transaction ID:** SA11AI.9583

Amount of Each Receipt this Period 1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... 4000.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 64
	<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)  
Oberweis for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Mike Douglas	Date of Receipt MM / DD / YYYY 10 / 29 / 2008
	Mailing Address 19 S Randall Rd	<b>Transaction ID:</b> SA11AI.9615
	City Aurora State IL Zip Code 60542	Amount of Each Receipt this Period 1000.00
	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 Douglas Carpet Occupation Executive Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) William Doyle, Jr.	Date of Receipt MM / DD / YYYY 10 / 24 / 2008
	Mailing Address 251 White Oak Ln	<b>Transaction ID:</b> SA11AI.9598
	City Winnetka State IL Zip Code 60093	Amount of Each Receipt this Period 1000.00
	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 Winston & Strawn Occupation Attorney Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 5300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Edward Duffy	Date of Receipt MM / DD / YYYY 10 / 31 / 2008
	Mailing Address 917 Iroquois Ave	<b>Transaction ID:</b> SA11AI.9740
	City Naperville State IL Zip Code 60563	Amount of Each Receipt this Period 250.00
	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 Project Solutions Occupation Architect Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 64  
(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)  
Oberweis for Congress

**A.**

Full Name (Last, First, Middle Initial)  
J.P. Economos

Mailing Address 106 Bartlett Ave

City State Zip Code  
Bartlett IL 60103

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

Name of Employer self-employed Occupation dentist

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

Amount of Each Receipt this Period  
500.00

Transaction ID: SA11AI.9741

debt retirement

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

**B.**

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

Mailing Address 2316 Bill Court

City State Zip Code  
Naperville IL 60565

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

Name of Employer Winston & Strawn Occupation Attorney

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

Amount of Each Receipt this Period  
500.00

Transaction ID: SA11AI.9743

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

**C.**

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

Mailing Address 35 W Wacker Dr, 45th Fl

City State Zip Code  
Chicago IL 60601

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

Name of Employer Winston & Strawn LLP Occupation Attorney

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

Amount of Each Receipt this Period  
1000.00

Transaction ID: SA11AI.9594

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

**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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 64
	<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)  
Oberweis for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Daniel Hamburger	Date of Receipt MM / DD / YYYY 11 / 03 / 2008
	Mailing Address One Tower Lane	<b>Transaction ID:</b> SA11AI.9745
	City State Zip Code Oakbrook Terrace IL 60181	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation DeVry Inc Pres & CEO	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Donald Hindman	Date of Receipt MM / DD / YYYY 11 / 04 / 2008
	Mailing Address 610 S Washington St	<b>Transaction ID:</b> SA11AI.9785
	City State Zip Code Hinsdale IL 60521	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Clark National Inc Executive	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Keith Hoogland	Date of Receipt MM / DD / YYYY 10 / 29 / 2008
	Mailing Address 1125 Longvalley	<b>Transaction ID:</b> SA11AI.9781
	City State Zip Code Glenview IL 60025	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Family Video Pres	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1500.00
<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 14 / 64  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Oberweis for Congress

**A.** Full Name (Last, First, Middle Initial)  
Susan Hoogland  
Mailing Address 1125 Longvalley  
City State Zip Code  
Glenview IL 60025  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
homemaker homemaker  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 8  
Transaction ID: SA11AI.9783  
Amount of Each Receipt this Period  
500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Amelia Huntington  
Mailing Address 550 N Kingsbury St #410  
City State Zip Code  
Chicago IL 60654  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Juno Lighting Group Pres & CEO  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 8  
Transaction ID: SA11AI.9779  
Amount of Each Receipt this Period  
500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
John Keeley, Jr.  
Mailing Address 401 S LaSalle St, Ste 1201  
City State Zip Code  
Chicago IL 60605  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Keeley Investment Corp executive  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2000.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 5 / 2 0 0 8  
Transaction ID: SA11AI.9747  
Amount of Each Receipt this Period  
1000.00  
debt retirement  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 64  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Oberweis for Congress

**A.** Full Name (Last, First, Middle Initial)  
Dennis Keller

Mailing Address 1155 - 35th St

City State Zip Code  
Oak Brook IL 60523

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

Name of Employer Occupation  
DeVry Boad Chairman

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

Amount of Each Receipt this Period  
250.00

Transaction ID: SA11AI.9777

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

Amount of Each Receipt this Period  
3550.00

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

Mailing Address 801 N Brookside Ln

City State Zip Code  
Mahomet IL 61853

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

Name of Employer Occupation  
University of Illinois professor

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

Amount of Each Receipt this Period  
500.00

Transaction ID: SA11AI.9776

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

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Hersch Klaff

Mailing Address 150 Ravine Glade St

City State Zip Code  
Glencoe IL 60022

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

Name of Employer Occupation  
Klaff Realty Manager

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

Amount of Each Receipt this Period  
500.00

Transaction ID: SA11AI.9775

debt retirement

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

Amount of Each Receipt this Period  
2000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 64  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Oberweis for Congress

**A.** Full Name (Last, First, Middle Initial)  
Ann Knapheide  
Mailing Address PO Box 7140  
City Quinc State IL Zip Code 62305  
FEC ID number of contributing federal political committee. **C**  
Name of Employer homemaker Occupation homemaker  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1150.00  
Date of Receipt 10 / 24 / 2008  
Transaction ID: SA11AI.9601  
Amount of Each Receipt this Period 1150.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
H Knapheide III  
Mailing Address PO Box 7140  
City Quinc State IL Zip Code 62305  
FEC ID number of contributing federal political committee. **C**  
Name of Employer The Knapheide Manufacturing Co Occupation President  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1150.00  
Date of Receipt 10 / 24 / 2008  
Transaction ID: SA11AI.9599  
Amount of Each Receipt this Period 1150.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Jerome Kolavo  
Mailing Address 27650 Ferry Rd  
City Warrenville State IL Zip Code 60555  
FEC ID number of contributing federal political committee. **C**  
Name of Employer OAD Orthopaedics Occupation physician  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00  
Date of Receipt 10 / 31 / 2008  
Transaction ID: SA11AI.9774  
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) ..... ► 2800.00  
**TOTAL** This Period (last page this line number only) ..... ►



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 17 / 64</span>
	(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)  
Oberweis for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Martin Kolinski</p> <p>Mailing Address 1247 Willowgate</p> <p>City State Zip Code St. Charles IL 60174</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 Self-employed Occupation periodontist</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">3300.00</span></p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 8</p> <p><b>Transaction ID:</b> SA11AI.9635</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">1000.00</span></p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
--	---

<p><b>B.</b> Full Name (Last, First, Middle Initial) James Andrew Langan</p> <p>Mailing Address 200 E Randolph Dr</p> <p>City State Zip Code Chicago IL 60601</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 Kirkland &amp; Ellis Occupation attorney</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">500.00</span></p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 0 / 2 0 0 8</p> <p><b>Transaction ID:</b> SA11AI.9773</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">500.00</span></p> <p>debt retirement</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Dean Leffelman</p> <p>Mailing Address 1015 Pembridge Pl</p> <p>City State Zip Code Sugar Grove IL 60554</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 Ice Miller LLP Occupation attorney</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">1000.00</span></p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 8</p> <p><b>Transaction ID:</b> SA11AI.9772</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">500.00</span></p> <p>debt retirement</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">2000.00</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: PAGE 18 / 64  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Oberweis for Congress

**A.** Full Name (Last, First, Middle Initial)  
Chris Maggio

Mailing Address 2000 Larkin Ave #306

City Elgin State IL Zip Code 60123

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

Name of Employer: Greater Elgin Family Care Cent Occupation: Dental Manager

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt: 10 / 21 / 2008  
**Transaction ID:** SA11AI.9768  
 Amount of Each Receipt this Period: 250.00

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

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

Mailing Address 2000 Larkin Ave #306

City Elgin State IL Zip Code 60123

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

Name of Employer: self Occupation: Dentist

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt: 10 / 21 / 2008  
**Transaction ID:** SA11AI.9770  
 Amount of Each Receipt this Period: 250.00

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

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

Mailing Address 14255 River Rd

City Plano State IL Zip Code 60545

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

Name of Employer: retired Occupation: retired

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3300.00

Date of Receipt: 11 / 03 / 2008  
**Transaction ID:** SA11AI.9748  
 Amount of Each Receipt this Period: 1000.00

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 19 / 64</span>
	(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"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Oberweis for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Patricia McCorkle		Date of Receipt MM / DD / YYYY 10 / 25 / 2008		
	Mailing Address 543 Barrington Ave		<b>Transaction ID:</b> SA11AI.9766		
	City East Dundee	State IL	Zip Code 60118	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
	Name of Employer retired	Occupation retired			
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00				

<b>B.</b>	Full Name (Last, First, Middle Initial) Gary McDaniel		Date of Receipt MM / DD / YYYY 10 / 31 / 2008		
	Mailing Address 2713 N Pine Grove Ave, Unit 3		<b>Transaction ID:</b> SA11AI.9751		
	City Chicago	State IL	Zip Code 60614	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
	Name of Employer Smurfit Stone Container Corp	Occupation consultant			
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1750.00				

<b>C.</b>	Full Name (Last, First, Middle Initial) John McEnroe		Date of Receipt MM / DD / YYYY 10 / 31 / 2008		
	Mailing Address 222 N LaSalle St, Ste 2600		<b>Transaction ID:</b> SA11AI.9633		
	City Chicago	State IL	Zip Code 60601	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C		debt reduction <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
	Name of Employer Vedder Price	Occupation attorney			
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary	Election Cycle-to-Date ▼ 5000.00				

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1750.00
<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 20 / 64  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Oberweis for Congress

**A.** Full Name (Last, First, Middle Initial)  
James McGlynn, Sr.  
Mailing Address 21W568 Park Ave

City Lombard State IL Zip Code 60148

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

Name of Employer McWilliams Electric Co Inc Occupation Pres/CEO

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt 10 / 30 / 2008  
Transaction ID: SA11AI.9750  
Amount of Each Receipt this Period 500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Lawrence Miller  
Mailing Address 795 Court of Spruce Apt 1

City Vernon Hills State IL Zip Code 60061

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

Name of Employer Varian Medical Systems SIP Occupation Software QA Engineer

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 10 / 25 / 2008  
Transaction ID: SA11AI.9764  
Amount of Each Receipt this Period 500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Steven Obendorf  
Mailing Address 936 Mortonsberry Dr

City Naperville State IL Zip Code 60540

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

Name of Employer Amsted Industries Occupation Controller

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

Date of Receipt 10 / 31 / 2008  
Transaction ID: SA11AI.9763  
Amount of Each Receipt this Period 250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1250.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 64  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Oberweis for Congress

**A.** Full Name (Last, First, Middle Initial)  
Peter Orum

Mailing Address PO Box 384

City State Zip Code  
St. Charles IL 60174

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

Name of Employer Occupation  
Midwest Groundcovers LLC Owner

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

Amount of Each Receipt this Period  
500.00

Transaction ID: SA11AI.9749

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

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

Mailing Address 78 Dundee Lane

City State Zip Code  
Barrington IL 60010

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

Name of Employer Occupation  
The Pepper Companies General Contractor

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

Amount of Each Receipt this Period  
2300.00

Transaction ID: SA11AI.9620

debt reduction

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

**C.** Full Name (Last, First, Middle Initial)  
Roxelyn Pepper

Mailing Address 78 Dundee Lane

City State Zip Code  
Barrington IL 60010

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

Name of Employer Occupation  
The Pepper Companies General Contractor

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

Amount of Each Receipt this Period  
5600.00

Transaction ID: SA11AI.9621

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5100.00**

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

# 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 22 / 64
	<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)  
Oberweis for Congress

**A.** Full Name (Last, First, Middle Initial)  
Thomas Pirelli

Mailing Address 909 Oakhurst Ln

City Riverwoods State IL Zip Code 60015

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

Name of Employer Arial Foundation Occupation Executive Director

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 10 / 16 / 2008

Transaction ID: SA11AI.9473

Amount of Each Receipt this Period 1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Robert Prisk, Sr.

Mailing Address 3525 Majestic Oaks Dr

City St. Charles State IL Zip Code 60174

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

Name of Employer retired Occupation retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

Date of Receipt 10 / 30 / 2008

Transaction ID: SA11AI.9762

Amount of Each Receipt this Period 250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Susan Rakow

Mailing Address PO Box 545

City Elgin State IL Zip Code 60121

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3800.00

Date of Receipt 10 / 20 / 2008

Transaction ID: SA11AI.9480

Amount of Each Receipt this Period 1500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2750.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 64

(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)  
Oberweis for Congress

**A.**

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

Mailing Address 2407 Tall Oaks Dr

City State Zip Code  
Elgin IL 60123

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

Name of Employer Occupation  
IHC Construction Contractor

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 4800.00

Date of Receipt

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

Transaction ID: SA11AI.9481

Amount of Each Receipt this Period

1500.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Louis Rathje

Mailing Address 300 East Roosevelt Rd Ste 210

City State Zip Code  
Wheaton IL 60187

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

Name of Employer Occupation  
Rathje & Associates partner

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2100.00

Date of Receipt

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

Transaction ID: SA11AI.9629

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)  
Ronald Ream

Mailing Address 11478 River Road

City State Zip Code  
Plano IL 60545

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

Name of Employer Occupation  
Marketright, Inc owner

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1300.00

Date of Receipt

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

Transaction ID: SA11AI.9761

Amount of Each Receipt this Period

300.00

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

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

2800.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 64  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Oberweis for Congress

**A.** Full Name (Last, First, Middle Initial)  
Jean Regan  
Mailing Address 18 Charleston Rd  
City Hinsdale State IL Zip Code 60521  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Transitz Occupation President  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 6900.00  
Date of Receipt 10 / 30 / 2008  
Transaction ID: SA11AI.9630  
Amount of Each Receipt this Period 2300.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Betty Rich  
Mailing Address P.O. Box 369  
City Sugar Grove State IL Zip Code 60554  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Rich Harvest Farms Occupation Executive  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 9200.00  
Date of Receipt 10 / 31 / 2008  
Transaction ID: SA11AI.9637  
Amount of Each Receipt this Period 2300.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Jerome Rich  
Mailing Address P.O. Box 369  
City Sugar Grove State IL Zip Code 60564  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Rich Harvest Farms Occupation Executive  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 9200.00  
Date of Receipt 10 / 31 / 2008  
Transaction ID: SA11AI.9638  
Amount of Each Receipt this Period 2300.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 64
	<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)  
Oberweis for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Theodore Risch	Date of Receipt MM / DD / YYYY 10 / 31 / 2008
	Mailing Address 545 Ingalton Ave	<b>Transaction ID:</b> SA11AI.9636
	City State Zip Code West Chicago IL 60185	Amount of Each Receipt this Period 2300.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Retired Occupation Retired Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 5100.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Timothy Rivelli	Date of Receipt MM / DD / YYYY 10 / 17 / 2008
	Mailing Address 533 W 6th St	<b>Transaction ID:</b> SA11AI.9476
	City State Zip Code Hinsdale IL 60521	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Winston & Strawn Occupation Partner Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) James Russell	Date of Receipt MM / DD / YYYY 10 / 30 / 2008
	Mailing Address 80 Internationale Blvd	<b>Transaction ID:</b> SA11AI.9628
	City State Zip Code Glendale Heights IL 60139	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Metrogroup Trans. Services Occupation President Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	4300.00
<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: <span style="float: right;">PAGE 26 / 64</span> (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)  
Oberweis for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Peter Schellenbach</p> <p>Mailing Address 634 Drexel Ave</p> <p>City State Zip Code Glencoe IL 60022</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 retired retired</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="float: right; border: 1px solid black; padding: 2px;">6350.00</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>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr> </table> </p> <p><b>Transaction ID:</b> SA11AI.9479</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	0		2	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	0		2	0	0	8												

<p><b>B.</b> Full Name (Last, First, Middle Initial) Donald Surber</p> <p>Mailing Address 1245 Kennicott Dr</p> <p>City State Zip Code Lake Forest IL 60045</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 ATF, Inc CEO</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="float: right; 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>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr> </table> </p> <p><b>Transaction ID:</b> SA11AI.9759</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>debt retirement</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	3		2	0	0	8												

<p><b>C.</b> Full Name (Last, First, Middle Initial) Bruce Toth</p> <p>Mailing Address 2532 N Wayne Ave</p> <p>City State Zip Code Chicago IL 60614</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 Winston &amp; Strawn LLP Attorney</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="float: right; 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>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr> </table> </p> <p><b>Transaction ID:</b> SA11AI.9596</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	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	4		2	0	0	8												

<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) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 27 / 64</span>
	(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)  
Oberweis for Congress

<b>A.</b>	Date of Receipt
Full Name (Last, First, Middle Initial) Randall Truckenbrodt	<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
Mailing Address 125 Indianwood Ln	<b>Transaction ID:</b> SA11AI.9758
City State Zip Code Indian Head Park IL 60525	Amount of Each Receipt this Period <input type="text" value="300.00"/>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Randall Industries Inc Preident	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <input type="text" value="3300.00"/>

<b>B.</b>	Date of Receipt
Full Name (Last, First, Middle Initial) Philip Warth	<input type="text" value="10"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
Mailing Address 2957 Independence Ave	<b>Transaction ID:</b> SA11AI.9627
City State Zip Code Glenview IL 60026	Amount of Each Receipt this Period <input type="text" value="2300.00"/>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation FNIC Manager	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <input type="text" value="6900.00"/>

<b>C.</b>	Date of Receipt
Full Name (Last, First, Middle Initial) Robert Zielsdorf	<input type="text" value="10"/> / <input type="text" value="16"/> / <input type="text" value="2008"/>
Mailing Address 918 Cove Pointe Pl	<b>Transaction ID:</b> SA11AI.9757
City State Zip Code Vero Beach FL 32963	Amount of Each Receipt this Period <input type="text" value="250.00"/>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Peerless Group CEO	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <input type="text" value="500.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="2850.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="58800.00"/>

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

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

FOR LINE NUMBER: PAGE 28 / 64  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Oberweis for Congress

**A.** Full Name (Last, First, Middle Initial)  
ASSOCIATED GENERAL CONTRACTORS OF AMERICA POLITICAL ACTION COMMITTEE

Mailing Address 2300 Wilson Blvd.  
Suite 400

City Arlington State VA Zip Code 22201

FEC ID number of contributing federal political committee. **C** C00082917

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 7500.00

Date of Receipt: 10 / 29 / 2008  
**Transaction ID:** SA11C.9618  
 Amount of Each Receipt this Period: 2500.00

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

**B.** Full Name (Last, First, Middle Initial)  
ELECTRICAL CONSTRUCTION PAC-NATIONAL ELECTRICAL CONTRACTORS ASSOCIATION, INC (ECPAC)

Mailing Address 3 BETHESDA METRO CENTER SUITE 1100

City BETHESDA State MD Zip Code 20814

FEC ID number of contributing federal political committee. **C** C00113811

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt: 11 / 03 / 2008  
**Transaction ID:** SA11C.9754  
 Amount of Each Receipt this Period: 2500.00

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

**C.** Full Name (Last, First, Middle Initial)  
TRUST IN SMALL BUSINESS POLITICAL ACTION COMMITTEE (TISB PAC)

Mailing Address PO Box 1172

City Alexandria State VA Zip Code 22313

FEC ID number of contributing federal political committee. **C** C00423095

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 10 / 22 / 2008  
**Transaction ID:** SA11C.9575  
 Amount of Each Receipt this Period: 1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 6000.00

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

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

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

FOR LINE NUMBER: PAGE 29 / 64  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Oberweis for Congress

**A.**

Full Name (Last, First, Middle Initial)  
WHITE CASTLE SYSTEM, INC POLITICAL ACTION COMMITTEE

Mailing Address 555 W GOODALE ST/PO BOX 1498

City State Zip Code  
COLUMBUS OH 43216

FEC ID number of contributing federal political committee. **C** C00112623

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

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

Transaction ID: SA11C.9755

Amount of Each Receipt this Period  
250.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>6250.00</b>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 30 / 64
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input checked="" type="checkbox"/> 11d
		<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Oberweis for Congress

**A.**

Full Name (Last, First, Middle Initial)  
JAMES D OBERWEIS

Mailing Address 3 BUCKINGHAM DR

City State Zip Code  
SUGAR GROVE IL 60554

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

Name of Employer Occupation  
Oberweis Dairy Chairman of Board

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

Date of Receipt  
MM / DD / YYYY  
11 / 03 / 2008

Transaction ID: SA11D.9817

Amount of Each Receipt this Period  
23168.55

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	23168.55
<b>TOTAL</b> This Period (last page this line number only) .....	▶	23168.55

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

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

FOR LINE NUMBER: PAGE 31 / 64

(check only one)

<input 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 checked="" type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
Oberweis for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Mary O'Connor & Company

Mailing Address 1045 North 3rd Ave, Ste 100

City State Zip Code  
St. Charles IL 60174

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

Date of Receipt

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

Transaction ID: SA15.9799

Amount of Each Receipt this Period

1500.00

sale of office equipment

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

**B.**

Full Name (Last, First, Middle Initial)  
Valley Community Bank

Mailing Address 620 E Main St

City State Zip Code  
St. Charles IL 60174

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3161.44

Date of Receipt

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

Transaction ID: SA15.9798

Amount of Each Receipt this Period

152.74

interest

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

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

1652.74

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

1652.74

# 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)  
Oberweis for Congress

A.	Full Name (Last, First, Middle Initial) A&E Technology <hr/> Mailing Address 8102 S Lemont Rd, Suite 900 <hr/> City Woodridge State IL Zip Code 60517 <hr/> Purpose of Disbursement photocopier rental Candidate Name Oberweis for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 14 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.9674 Date of Disbursement 10 / 23 / 2008 <hr/> Amount of Each Disbursement this Period 429.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) American Express <hr/> Mailing Address PO Box 53852 <hr/> City Phoenix State AZ Zip Code 85072 <hr/> Purpose of Disbursement credit card fees Candidate Name Oberweis for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 14 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.9709 Date of Disbursement 11 / 07 / 2008 <hr/> Amount of Each Disbursement this Period 280.66 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Ancel, Glink, Diamond, Bush, Dicianni & Krafthefer, PC <hr/> Mailing Address 140 South Dearborn St 6th floor <hr/> City Chicago State IL Zip Code 60603 <hr/> Purpose of Disbursement legal Candidate Name Oberweis for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 14 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.9671 Date of Disbursement 10 / 20 / 2008 <hr/> Amount of Each Disbursement this Period 5603.49 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

**6313.15**

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



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Oberweis for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) AT&amp;T</p> <p>Mailing Address PO Box 8100</p> <p>City Aurora State IL Zip Code 60507</p> <p>Purpose of Disbursement telephone</p> <p>Candidate Name Oberweis for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IL District: 14</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.9717</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="485.14"/></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) Authorize.Net Corp</p> <p>Mailing Address 915 South 500 East, Ste 200</p> <p>City American Fork State UT Zip Code 84003</p> <p>Purpose of Disbursement credit card fees</p> <p>Candidate Name Oberweis for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IL District: 14</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.9708</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="26.30"/></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) BFC</p> <p>Mailing Address 1051 N Kirk Rd</p> <p>City Batavia State IL Zip Code 60510</p> <p>Purpose of Disbursement printing</p> <p>Candidate Name Oberweis for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IL District: 14</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.9715</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="780.20"/></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) .....	<input type="text" value="1291.64"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Oberweis for Congress

**A.** Full Name (Last, First, Middle Initial)  
Burnham Strategies Group LLC

Mailing Address PO Box 488

City State Zip Code  
Batavia IL 60510

Purpose of Disbursement  
campaign management

Candidate Name  
Oberweis for Congress

Office Sought:  House  
 Senate  
 President

State: IL District: 14

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

001  
Category/  
Type

Transaction ID: SB17.9700  
Date of Disbursement

11 / 01 / 2008

Amount of Each Disbursement this Period

7500.00

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

**B.** Full Name (Last, First, Middle Initial)  
C3 Systems

Mailing Address 1015 West Ravine Lane

City State Zip Code  
Bayside WI 53217

Purpose of Disbursement  
website

Candidate Name  
Oberweis for Congress

Office Sought:  House  
 Senate  
 President

State: IL District: 14

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

004  
Category/  
Type

Transaction ID: SB17.9718  
Date of Disbursement

11 / 14 / 2008

Amount of Each Disbursement this Period

3370.51

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

**C.** Full Name (Last, First, Middle Initial)  
Pat Carlson

Mailing Address 2815 Providence Ln

City State Zip Code  
Montgomery IL 60538

Purpose of Disbursement  
grass roots activities

Candidate Name  
Oberweis for Congress

Office Sought:  House  
 Senate  
 President

State: IL District: 14

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

001  
Category/  
Type

Transaction ID: SB17.9698  
Date of Disbursement

11 / 01 / 2008

Amount of Each Disbursement this Period

2000.00

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

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

12870.51

**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)  
Oberweis for Congress

A.

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

Mailing Address 525 North River St, Ste 200

City State Zip Code  
Batavia IL 60510

Purpose of Disbursement  
rent

Candidate Name  
Oberweis for Congress

Office Sought:  House  
 Senate  
 President

State: IL District: 14

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

001  
Category/  
Type

Transaction ID: SB17.9702  
Date of Disbursement

11 / 01 / 2008

Amount of Each Disbursement this Period

2446.00

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

B.

Full Name (Last, First, Middle Initial)  
City of Batavia

Mailing Address 100 N Island Ave

City State Zip Code  
Batavia IL 60510

Purpose of Disbursement  
utilities

Candidate Name  
Oberweis for Congress

Office Sought:  House  
 Senate  
 President

State: IL District: 14

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

001  
Category/  
Type

Transaction ID: SB17.9832  
Date of Disbursement

11 / 23 / 2008

Amount of Each Disbursement this Period

219.89

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

C.

Full Name (Last, First, Middle Initial)  
Diamond Graphics

Mailing Address 6625 West 26th St

City State Zip Code  
Berwyn IL 60402

Purpose of Disbursement  
printing

Candidate Name  
Oberweis for Congress

Office Sought:  House  
 Senate  
 President

State: IL District: 14

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

006  
Category/  
Type

Transaction ID: SB17.9673  
Date of Disbursement

10 / 23 / 2008

Amount of Each Disbursement this Period

3577.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

6242.89

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)  
Oberweis for Congress

A.	Full Name (Last, First, Middle Initial) Discover Network	Transaction ID: SB17.9707 Date of Disbursement
	Mailing Address PO Box 52145	<input type="text" value="11"/> / <input type="text" value="03"/> / <input type="text" value="2008"/>
	City Phoenix State AZ Zip Code 85072	Amount of Each Disbursement this Period
	Purpose of Disbursement credit card fees	<input type="text" value="5.48"/>
	Candidate Name Oberweis for Congress	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Category/Type <input type="text" value="003"/>
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: IL District: 14	

B.	Full Name (Last, First, Middle Initial) Economy Disposal Service	Transaction ID: SB17.9728 Date of Disbursement
	Mailing Address PO Box 9335	<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2008"/>
	City Lombard State IL Zip Code 60542	Amount of Each Disbursement this Period
	Purpose of Disbursement dumpster rental	<input type="text" value="320.00"/>
	Candidate Name Oberweis for Congress	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Category/Type <input type="text" value="001"/>
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: IL District: 14	

C.	Full Name (Last, First, Middle Initial) Fay's Pork Chop Bar B Que	Transaction ID: SB17.9664 Date of Disbursement
	Mailing Address 7695 Leland Rd	<input type="text" value="10"/> / <input type="text" value="18"/> / <input type="text" value="2008"/>
	City Waterman State IL Zip Code 60556	Amount of Each Disbursement this Period
	Purpose of Disbursement fundraiser food	<input type="text" value="3999.03"/>
	Candidate Name Oberweis for Congress	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Category/Type <input type="text" value="003"/>
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: IL District: 14	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="4324.48"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Oberweis for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Illinois Department of Revenue <hr/> Mailing Address PO Box 19447 <hr/> City Springfield State IL Zip Code 62794-9447 <hr/> Purpose of Disbursement payroll taxes Candidate Name Oberweis for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 14 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.9661 Date of Disbursement 10 / 17 / 2008
	Amount of Each Disbursement this Period 150.90
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/Type 001
<b>B.</b> Full Name (Last, First, Middle Initial) Illinois Department of Revenue <hr/> Mailing Address PO Box 19447 <hr/> City Springfield State IL Zip Code 62794-9447 <hr/> Purpose of Disbursement payroll taxes Candidate Name Oberweis for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 14 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.9692 Date of Disbursement 11 / 01 / 2008
	Amount of Each Disbursement this Period 165.08
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/Type 001
<b>C.</b> Full Name (Last, First, Middle Initial) Illinois Director of Employment Security <hr/> Mailing Address PO Box 802551 <hr/> City Chicago State IL Zip Code 60680-2551 <hr/> Purpose of Disbursement unemployment taxes Candidate Name Oberweis for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 14 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.9686 Date of Disbursement 10 / 29 / 2008
	Amount of Each Disbursement this Period 42.50
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/Type 001

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

**358.48**

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Oberweis for Congress

A.	Full Name (Last, First, Middle Initial) Steve Klaske	Transaction ID: SB17.9653
	Mailing Address 660 Sheridan Ave	Date of Disbursement 10 / 16 / 2008
	City Aurora State IL Zip Code 60505	Amount of Each Disbursement this Period 1098.38
	Purpose of Disbursement payroll	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name Oberweis for Congress	Category/Type 001
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: IL District: 14	

B.	Full Name (Last, First, Middle Initial) Steve Klaske	Transaction ID: SB17.9655
	Mailing Address 660 Sheridan Ave	Date of Disbursement 10 / 16 / 2008
	City Aurora State IL Zip Code 60505	Amount of Each Disbursement this Period 223.76
	Purpose of Disbursement reimburse fuel for travel	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name Oberweis for Congress	Category/Type 002
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: IL District: 14	

C.	Full Name (Last, First, Middle Initial) Jewel-Osco	Transaction ID: SB17.9655.0
	Mailing Address 119 Randall Rd	Date of Disbursement 10 / 16 / 2008
	City Batavia State IL Zip Code 60510	Amount of Each Disbursement this Period 75.00
	Purpose of Disbursement fuel	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name Oberweis for Congress	Category/Type 002
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: IL District: 14	

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1322.14
<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)  
Oberweis for Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Steve Klaske</p> <p>Mailing Address 660 Sheridan Ave</p> <p>City Aurora State IL Zip Code 60505</p> <p>Purpose of Disbursement payroll</p> <p>Candidate Name Oberweis for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IL District: 14</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.9696</p> <p>Date of Disbursement 11 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 1098.38</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) Liberty Mutual</p> <p>Mailing Address PO Box 0569</p> <p>City Carol Stream State IL Zip Code 60132-0569</p> <p>Purpose of Disbursement insurance</p> <p>Candidate Name Oberweis for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IL District: 14</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.9668</p> <p>Date of Disbursement 10 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 100.00</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) Liberty Mutual</p> <p>Mailing Address PO Box 0569</p> <p>City Carol Stream State IL Zip Code 60132-0569</p> <p>Purpose of Disbursement insurance</p> <p>Candidate Name Oberweis for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IL District: 14</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.9801</p> <p>Date of Disbursement 11 / 24 / 2008</p> <p>Amount of Each Disbursement this Period 324.00</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) ..... ▶

1522.38

**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)  
Oberweis for Congress

A.

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

Transaction ID: SB17.9659  
Date of Disbursement

Mailing Address 211 Ashcroft Ln

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

City Oswego State IL Zip Code 60543

Amount of Each Disbursement this Period

1204.81
---------

Purpose of Disbursement  
payroll

001
-----

Category/  
Type

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

Candidate Name  
Oberweis for Congress

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: IL District: 14

B.

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

Transaction ID: SB17.9701  
Date of Disbursement

Mailing Address 211 Ashcroft Ln

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

City Oswego State IL Zip Code 60543

Amount of Each Disbursement this Period

1485.98
---------

Purpose of Disbursement  
payroll

001
-----

Category/  
Type

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

Candidate Name  
Oberweis for Congress

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: IL District: 14

C.

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

Transaction ID: SB17.9725  
Date of Disbursement

Mailing Address 211 Ashcroft Ln

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

City Oswego State IL Zip Code 60543

Amount of Each Disbursement this Period

1080.17
---------

Purpose of Disbursement  
payroll

001
-----

Category/  
Type

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

Candidate Name  
Oberweis for Congress

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: IL District: 14

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

3770.96
---------

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)  
Oberweis for Congress

A.

Full Name (Last, First, Middle Initial)  
McLaughlin & Associates

Transaction ID: SB17.9670  
Date of Disbursement

Mailing Address 566 South Route 303

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

City Blauvelt State NY Zip Code 10913

Amount of Each Disbursement this Period

8000.00
---------

Purpose of Disbursement  
polling

005  
Category/  
Type

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

Candidate Name  
Oberweis for Congress

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: IL District: 14

B.

Full Name (Last, First, Middle Initial)  
Andrew Nelms

Transaction ID: SB17.9654  
Date of Disbursement

Mailing Address 1084 Aspen Ct, Apt 1

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

City DeKalb State IL Zip Code 60115

Amount of Each Disbursement this Period

1500.00
---------

Purpose of Disbursement  
grass roots activities

001  
Category/  
Type

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

Candidate Name  
Oberweis for Congress

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: IL District: 14

C.

Full Name (Last, First, Middle Initial)  
Andrew Nelms

Transaction ID: SB17.9658  
Date of Disbursement

Mailing Address 1084 Aspen Ct, Apt 1

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

City DeKalb State IL Zip Code 60115

Amount of Each Disbursement this Period

75.00
-------

Purpose of Disbursement  
telephone

001  
Category/  
Type

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

Candidate Name  
Oberweis for Congress

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: IL District: 14

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

9575.00
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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)  
Oberweis for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Andrew Nelms</p> <p>Mailing Address 1084 Aspen Ct, Apt 1</p> <p>City DeKalb State IL Zip Code 60115</p> <p>Purpose of Disbursement fuel</p> <p>Candidate Name Oberweis for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IL District: 14</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.9660</p> <p>Date of Disbursement 10 / 16 / 2008</p> <p>Amount of Each Disbursement this Period 24.47</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) BP</p> <p>Mailing Address 200 N RandallRd</p> <p>City Batavia State IL Zip Code 60510</p> <p>Purpose of Disbursement fuel</p> <p>Candidate Name Oberweis for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IL District: 14</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.9660.0</p> <p>Date of Disbursement 10 / 16 / 2008</p> <p>Amount of Each Disbursement this Period 24.47</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Andrew Nelms</p> <p>Mailing Address 1084 Aspen Ct, Apt 1</p> <p>City DeKalb State IL Zip Code 60115</p> <p>Purpose of Disbursement fuel</p> <p>Candidate Name Oberweis for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IL District: 14</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.9685</p> <p>Date of Disbursement 10 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 49.93</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>74.40</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)  
Oberweis for Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Andrew Nelms</p> <p>Mailing Address 1084 Aspen Ct, Apt 1</p> <p>City DeKalb State IL Zip Code 60115</p> <p>Purpose of Disbursement grass roots activities</p> <p>Candidate Name Oberweis for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 14</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.9697</p> <p>Date of Disbursement 11 / 01 / 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></p> <p>Full Name (Last, First, Middle Initial) Andrew Nelms</p> <p>Mailing Address 1084 Aspen Ct, Apt 1</p> <p>City DeKalb State IL Zip Code 60115</p> <p>Purpose of Disbursement grass roots activities</p> <p>Candidate Name Oberweis for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 14</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.9726</p> <p>Date of Disbursement 11 / 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>C.</b></p> <p>Full Name (Last, First, Middle Initial) Nyhan Daniels &amp; Friends LLC</p> <p>Mailing Address 1844 Wildberry Dr, Villa E</p> <p>City Glenview State IL Zip Code 60025</p> <p>Purpose of Disbursement fundraising consultant</p> <p>Candidate Name Oberweis for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 14</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.9704</p> <p>Date of Disbursement 11 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 6000.00</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) ..... ▶

9000.00

**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)  
Oberweis for Congress

A.	Full Name (Last, First, Middle Initial) Powerpay	Transaction ID: SB17.9691 Date of Disbursement
	Mailing Address 280 Fore St	<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/>
	City Portland State ME Zip Code 04101	Amount of Each Disbursement this Period
	Purpose of Disbursement credit card fees	<input type="text" value="514.50"/>
	Candidate Name Oberweis for Congress	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Category/Type <input type="text" value="003"/>
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: IL District: 14	

B.	Full Name (Last, First, Middle Initial) Phillip Rodrigues	Transaction ID: SB17.9652 Date of Disbursement
	Mailing Address 1000 Ovaltine Ct Unit 1025	<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/>
	City Villa Park State IL Zip Code 60181	Amount of Each Disbursement this Period
	Purpose of Disbursement payroll	<input type="text" value="1141.25"/>
	Candidate Name Oberweis for Congress	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Category/Type <input type="text" value="001"/>
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: IL District: 14	

C.	Full Name (Last, First, Middle Initial) Phillip Rodrigues	Transaction ID: SB17.9656 Date of Disbursement
	Mailing Address 1000 Ovaltine Ct Unit 1025	<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/>
	City Villa Park State IL Zip Code 60181	Amount of Each Disbursement this Period
	Purpose of Disbursement telephone	<input type="text" value="75.00"/>
	Candidate Name Oberweis for Congress	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Category/Type <input type="text" value="001"/>
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: IL District: 14	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1730.75"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Oberweis for Congress

A.	Full Name (Last, First, Middle Initial) Phillip Rodrigues	Transaction ID: SB17.9695 Date of Disbursement 11 / 01 / 2008
	Mailing Address 1000 Ovaltine Ct Unit 1025	Amount of Each Disbursement this Period 1141.25
	City Villa Park State IL Zip Code 60181	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement payroll Candidate Name Oberweis for Congress Category/Type 001	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 14	
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Phillip Rodrigues	Transaction ID: SB17.9724 Date of Disbursement 11 / 16 / 2008
	Mailing Address 1000 Ovaltine Ct Unit 1025	Amount of Each Disbursement this Period 1141.25
	City Villa Park State IL Zip Code 60181	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement payroll Candidate Name Oberweis for Congress Category/Type 001	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 14	
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Shane Rundle	Transaction ID: SB17.9672 Date of Disbursement 10 / 23 / 2008
	Mailing Address 1850 Thurow St	Amount of Each Disbursement this Period 287.50
	City Sycamore State IL Zip Code 60178	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement computer technician Candidate Name Oberweis for Congress Category/Type 001	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 14	
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2570.00
<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)  
Oberweis for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Justin Shimko  Mailing Address 370 Olson Ct  City Batavia State IL Zip Code 60510  Purpose of Disbursement payroll Candidate Name Oberweis for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 14 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.9651 Date of Disbursement 10 / 16 / 2008  Amount of Each Disbursement this Period 1008.37 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) Justin Shimko  Mailing Address 370 Olson Ct  City Batavia State IL Zip Code 60510  Purpose of Disbursement telephone Candidate Name Oberweis for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 14 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.9657 Date of Disbursement 10 / 16 / 2008  Amount of Each Disbursement this Period 75.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) Justin Shimko  Mailing Address 370 Olson Ct  City Batavia State IL Zip Code 60510  Purpose of Disbursement payroll Candidate Name Oberweis for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 14 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.9694 Date of Disbursement 11 / 01 / 2008  Amount of Each Disbursement this Period 1008.37 <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) ..... ▶	2091.74
<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)  
Oberweis for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Justin Shimko</p> <p>Mailing Address 370 Olson Ct</p> <p>City Batavia State IL Zip Code 60510</p> <p>Purpose of Disbursement payroll</p> <p>Candidate Name Oberweis for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IL District: 14</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.9723</p> <p>Date of Disbursement 11 / 16 / 2008</p> <p>Amount of Each Disbursement this Period 1008.37</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) Spaulding Group</p> <p>Mailing Address 2306 Frankfort Ave</p> <p>City Louisville State KY Zip Code 40206</p> <p>Purpose of Disbursement printing signs</p> <p>Candidate Name Oberweis for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IL District: 14</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.9727</p> <p>Date of Disbursement 11 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 8414.65</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) Step toe &amp; Johnson LLP</p> <p>Mailing Address 115 S LaSalle St, Ste 3100</p> <p>City Chicago State IL Zip Code 60603</p> <p>Purpose of Disbursement legal</p> <p>Candidate Name Oberweis for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IL District: 14</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.9669</p> <p>Date of Disbursement 10 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 2488.55</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) ..... ▶

11911.57

**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)  
Oberweis for Congress

A.

Full Name (Last, First, Middle Initial)  
Step toe & Johnson LLP

Transaction ID: SB17.9712  
Date of Disbursement

Mailing Address 115 S LaSalle St, Ste 3100

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

City Chicago State IL Zip Code 60603

Amount of Each Disbursement this Period

1178.50
---------

Purpose of Disbursement  
legal

001  
Category/  
Type

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

Candidate Name  
Oberweis for Congress

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: IL District: 14

B.

Full Name (Last, First, Middle Initial)  
U.S. Treasury

Transaction ID: SB17.9662  
Date of Disbursement

Mailing Address PO Box 70503

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

City Charlotte State NC Zip Code 29201-0503

Amount of Each Disbursement this Period

1887.58
---------

Purpose of Disbursement  
payroll taxes

001  
Category/  
Type

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

Candidate Name  
Oberweis for Congress

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: IL District: 14

C.

Full Name (Last, First, Middle Initial)  
U.S. Treasury

Transaction ID: SB17.9693  
Date of Disbursement

Mailing Address PO Box 70503

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

City Charlotte State NC Zip Code 29201-0503

Amount of Each Disbursement this Period

2080.90
---------

Purpose of Disbursement  
payroll taxes

001  
Category/  
Type

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

Candidate Name  
Oberweis for Congress

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: IL District: 14

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

5146.98
---------

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)  
Oberweis for Congress

A.	Full Name (Last, First, Middle Initial) U.S. Treasury  Mailing Address PO Box 70503  City Charlotte State NC Zip Code 29201-0503  Purpose of Disbursement payroll taxes Candidate Name Oberweis for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 14 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.9722 Date of Disbursement 11 / 16 / 2008  Amount of Each Disbursement this Period 1931.22  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Vedder Price  Mailing Address 222 North LaSalle St  City Chicago State IL Zip Code 60601  Purpose of Disbursement legal Candidate Name Oberweis for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 14 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.9819 Date of Disbursement 11 / 24 / 2008  Amount of Each Disbursement this Period 226.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Victory Media Group  Mailing Address 1816 Garfield Ave  City Aurora State IL Zip Code 60506  Purpose of Disbursement media Candidate Name Oberweis for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 14 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.9675 Date of Disbursement 10 / 24 / 2008  Amount of Each Disbursement this Period 76637.62  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

78794.84

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)  
Oberweis for Congress

A.	Full Name (Last, First, Middle Initial) Victory Media Group	Transaction ID: SB17.9687 Date of Disbursement
	Mailing Address 1816 Garfield Ave	<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City Aurora State IL Zip Code 60506	Amount of Each Disbursement this Period
	Purpose of Disbursement media	<input type="text" value="9720.58"/>
	Candidate Name Oberweis for Congress	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Category/Type <input type="text" value="004"/>
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: IL District: 14	

B.	Full Name (Last, First, Middle Initial) Victory Media Group	Transaction ID: SB17.9688 Date of Disbursement
	Mailing Address 1816 Garfield Ave	<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City Aurora State IL Zip Code 60506	Amount of Each Disbursement this Period
	Purpose of Disbursement media	<input type="text" value="28184.01"/>
	Candidate Name Oberweis for Congress	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Category/Type <input type="text" value="004"/>
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: IL District: 14	

C.	Full Name (Last, First, Middle Initial) Victory Media Group	Transaction ID: SB17.9699 Date of Disbursement
	Mailing Address 1816 Garfield Ave	<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2008"/>
	City Aurora State IL Zip Code 60506	Amount of Each Disbursement this Period
	Purpose of Disbursement media consultant	<input type="text" value="6250.00"/>
	Candidate Name Oberweis for Congress	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Category/Type <input type="text" value="004"/>
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: IL District: 14	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="44154.59"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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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)  
Oberweis for Congress

A.

Full Name (Last, First, Middle Initial)  
Victory Media Group

Mailing Address 1816 Garfield Ave

City Aurora State IL Zip Code 60506

Purpose of Disbursement  
media

Candidate Name  
Oberweis for Congress

Office Sought:  House  
 Senate  
 President  
State: IL District: 14

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

004  
Category/  
Type

Transaction ID: SB17.9703  
Date of Disbursement

11 / 01 / 2008

Amount of Each Disbursement this Period

45540.29

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

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

45540.29

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

271871.07

**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 53 / 64

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

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NAME OF COMMITTEE (In Full)  
Oberweis for Congress

A.

Full Name (Last, First, Middle Initial)  
JAMES D OBERWEIS

Mailing Address 3 BUCKINGHAM DR

City SUGAR GROVE State IL Zip Code 60554

Purpose of Disbursement  
loan repayment

Candidate Name  
Oberweis for Congress

Office Sought:  House  
 Senate  
 President  
State: IL District: 14

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

009  
Category/  
Type

Transaction ID: SB19A.9730  
Date of Disbursement

11 / 17 / 2008

Amount of Each Disbursement this Period

20000.00

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

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

20000.00

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

20000.00

**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 54 / 64

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

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NAME OF COMMITTEE (In Full)  
Oberweis for Congress

A.

Full Name (Last, First, Middle Initial)  
Edwin DeVilbiss

Mailing Address 450 East Park St

City State Zip Code  
Arlington Heights IL 60005

Purpose of Disbursement  
credit card contribution did not settle

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB20A.9788

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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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)  
Oberweis for Congress

A.

Full Name (Last, First, Middle Initial)  
Kane County Central Committee

Mailing Address 324 W State St

City Geneva State IL Zip Code 60134

Purpose of Disbursement  
donation

Candidate Name  
Oberweis for Congress

Office Sought:  House  
 Senate  
 President

State: IL District: 14

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

012  
Category/  
Type

Transaction ID: SB21.9720

Date of Disbursement

11 / 14 / 2008

Amount of Each Disbursement this Period

250.00

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

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

250.00

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

250.00

**SCHEDULE C (FEC Form 3)**

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

FOR LINE NUMBER:  
(check only one)  13a  
 13b

**LOANS**

NAME OF COMMITTEE (In Full)  
Oberweis for Congress

**Transaction ID: SC/10.4192**

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
JAMES D OBERWEIS - [PERSONAL FUNDS]

Election:  
 Primary  
 General  
 Other (specify) ▼

Mailing Address 3 BUCKINGHAM DR

City SUGAR GROVE State IL ZIP Code 60554

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
250000.00	0.00	250000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:																
<table style="font-size: small;"> <tr> <td>M</td><td>M</td><td>D</td><td>D</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td>0</td><td>9</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	D	D	Y	Y	Y	Y	0	8	0	9	2	0	0	7	1/1/2009	2.00 % (apr)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
M	M	D	D	Y	Y	Y	Y												
0	8	0	9	2	0	0	7												

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 style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<input style="width: 100%;" type="text" value="250000.00"/>
<b>TOTALS</b> This Period (last page in this line only) .....	<input style="width: 100%;" type="text" value=".00"/>

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



**SCHEDULE C (FEC Form 3)**

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

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FOR LINE NUMBER: (check only one)  13a  13b

**LOANS**

NAME OF COMMITTEE (In Full)  
Oberweis for Congress

**Transaction ID: SC/10.5782**

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
JAMES D OBERWEIS - [PERSONAL FUNDS]

Mailing Address 3 BUCKINGHAM DR

City SUGAR GROVE State IL ZIP Code 60554

Election:  
 Primary  
 General  
 Other (specify) ▼  
 Special-Primary

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
340000.00	0.00	250000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:																
<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td>M</td><td>M</td></tr> <tr><td>1</td><td>2</td></tr> </table> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td>D</td><td>D</td></tr> <tr><td>3</td><td>1</td></tr> </table> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>2</td><td>0</td><td>0</td><td>7</td></tr> </table>	M	M	1	2	D	D	3	1	Y	Y	Y	Y	2	0	0	7	1/1/09	2.00 % (apr)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
M	M																		
1	2																		
D	D																		
3	1																		
Y	Y	Y	Y																
2	0	0	7																

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 style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<input style="width: 100%;" type="text" value="250000.00"/>
<b>TOTALS</b> This Period (last page in this line only) .....	<input style="width: 100%;" type="text" value=".00"/>

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

**SCHEDULE C (FEC Form 3)**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 58 / 64
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

**LOANS**

NAME OF COMMITTEE (In Full)  
Oberweis for Congress

**Transaction ID: SC/10.6682**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) JAMES D OBERWEIS - [PERSONAL FUNDS]	Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3 BUCKINGHAM DR	
City SUGAR GROVE State IL ZIP Code 60554	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
300000.00	0.00	0.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M M 0 2 D D 0 7 Y Y Y Y 2 0 0 8	01/9/09	2.00 % (apr)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

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

<b>SUBTOTALS</b> This Period This Page (optional) .....	0.00
<b>TOTALS</b> This Period (last page in this line only) .....	.00

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

# SCHEDULE C (FEC Form 3)

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

## LOANS

FOR LINE NUMBER:  
(check only one)  13a  
 13b

NAME OF COMMITTEE (In Full)  
Oberweis for Congress

Transaction ID: SC/10.8815

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
JAMES D OBERWEIS - [PERSONAL FUNDS]

Election:  
 Primary  
 General  
 Other (specify) ▼

Mailing Address 3 BUCKINGHAM DR

City SUGAR GROVE State IL ZIP Code 60554

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

### TERMS

Date Incurred: MM DD YY Y Y Y Y  02  25  2008  
 Date Due:  1/1/09  
 Interest Rate:  2.00 % (apr)  
 Secured:  Yes  No

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

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

<b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text"/> 0.00
<b>TOTALS</b> This Period (last page in this line only) .....	<input type="text"/> .00

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

**SCHEDULE C (FEC Form 3)**

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

FOR LINE NUMBER: (check only one)  13a  13b

**LOANS**

NAME OF COMMITTEE (In Full)  
Oberweis for Congress

**Transaction ID: SC/10.8479**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) JAMES D OBERWEIS - [PERSONAL FUNDS]	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General
Mailing Address 3 BUCKINGHAM DR	
City SUGAR GROVE State IL ZIP Code 60554	

Original Amount of Loan 500000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 250000.00
--------------------------------------	------------------------------------	--

**TERMS**

Date Incurred MM DD YY YY 03 03 2008	Date Due 1/1/9	Interest Rate 2.00 % (apr)	Secured: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	-------------------	-------------------------------	---

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<input style="width: 100%;" type="text" value="250000.00"/>
<b>TOTALS</b> This Period (last page in this line only) .....	<input style="width: 100%;" type="text" value=".00"/>

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

**SCHEDULE C (FEC Form 3)**

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

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FOR LINE NUMBER: (check only one)  13a  13b

**LOANS**

NAME OF COMMITTEE (In Full)  
Oberweis for Congress

**Transaction ID: SC/10.8918**

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
JAMES D OBERWEIS - [PERSONAL FUNDS]

Election:  
 Primary  
 General  
 Other (specify) ▼

Mailing Address 3 BUCKINGHAM DR

City SUGAR GROVE State IL ZIP Code 60554

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
500000.00	0.00	250000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:																
<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td>M</td><td>M</td></tr> <tr><td>06</td><td></td></tr> </table> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td>D</td><td>D</td></tr> <tr><td>30</td><td></td></tr> </table> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>2</td><td>0</td><td>0</td><td>8</td></tr> </table>	M	M	06		D	D	30		Y	Y	Y	Y	2	0	0	8	1/1/09	2.00 % (apr)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
M	M																		
06																			
D	D																		
30																			
Y	Y	Y	Y																
2	0	0	8																

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 style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<input style="width: 100%;" type="text" value="250000.00"/>
<b>TOTALS</b> This Period (last page in this line only) .....	<input style="width: 100%;" type="text" value=".00"/>

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

**SCHEDULE C (FEC Form 3)**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 62 / 64
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

**LOANS**

NAME OF COMMITTEE (In Full)  
Oberweis for Congress

**Transaction ID: SC/10.9246**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) JAMES D OBERWEIS - [PERSONAL FUNDS]	Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3 BUCKINGHAM DR	
City SUGAR GROVE State IL ZIP Code 60554	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
225000.00	20000.00	0.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M M 09 D D 29 Y Y Y Y 2008	1/9/09	2.00 % (apr)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

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

<b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="0.00"/>
<b>TOTALS</b> This Period (last page in this line only) .....	<input type="text" value="100000.00"/>

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

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

(Use separate schedule(s) for each numbered line) PAGE 63 / 64  
 FOR LINE NUMBER: (check only one)  9  10

NAME OF COMMITTEE (In Full)  
 Oberweis for Congress

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Ancel, Glink, Diamond, Bush, Dicianni & Krafthefer, PC	Nature of Debt (Purpose): legal expense
Mailing Address 140 South Dearborn St 6th floor	
City State ZIP Code Chicago IL 60603	

Outstanding Balance Beginning This Period <input style="width: 100%;" type="text" value="0.00"/>	<b>Transaction ID: SD10.9821</b>	
Amount Incurred This Period <input style="width: 100%;" type="text" value="7223.82"/>	Payment This Period <input style="width: 100%;" type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input style="width: 100%;" type="text" value="7223.82"/>

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Fay's Pork Chop Bar B Que	Nature of Debt (Purpose): fundraiser food
Mailing Address 7695 Leland Rd	
City State ZIP Code Waterman IL 60556	

Outstanding Balance Beginning This Period <input style="width: 100%;" type="text" value="3999.03"/>	<b>Transaction ID: SD10.9464</b>	
Amount Incurred This Period <input style="width: 100%;" type="text" value="0.00"/>	Payment This Period <input style="width: 100%;" type="text" value="3999.03"/>	Outstanding Balance at Close of This Period <input style="width: 100%;" type="text" value="0.00"/>

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Steptoe & Johnson LLP	Nature of Debt (Purpose): legal expense
Mailing Address 115 S LaSalle St, Ste 3100	
City State ZIP Code Chicago IL 60603	

Outstanding Balance Beginning This Period <input style="width: 100%;" type="text" value="0.00"/>	<b>Transaction ID: SD10.9820</b>	
Amount Incurred This Period <input style="width: 100%;" type="text" value="972.00"/>	Payment This Period <input style="width: 100%;" type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input style="width: 100%;" type="text" value="972.00"/>

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input style="width: 100%;" type="text" value="8195.82"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input style="width: 100%;" type="text" value="8195.82"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input style="width: 100%;" type="text" value="100000.00"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input style="width: 100%;" type="text" value="1008195.82"/>

Image# 29932208455

Form/Schedule: **SC/10**

(Current loan balance of 340000.00 has been forgiven)(A previous settlement of 340000.00 has been rescinded)

Transaction ID: **SC/10.5782**

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