

# FEC FORM 3

## REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

Hastert for Congress Committee

ADDRESS (number and street) **Check if different than previously reported. (ACC)**

P, O, Box 625

Batavia IL 60510

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIP CODE STATE DISTRICT

C00208090

3. IS THIS REPORT NEW OR AMENDED

NEW (N) OR AMENDED (A)

IL 14

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

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- Termination Report (TER)

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

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

Convention (12C)  Special (12S)

Election on 11 07 2006 in the State of IL

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

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

Election on in the State of

5. Covering Period 10 01 2006 through 10 18 2006

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

Type or Print Name of Treasurer Dallas Ingemunson

Signature of Treasurer Electronically Filed by Dallas Ingemunson Date 01 31 2007

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

Hastert for Congress Committee

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	0

D	D
1	8

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)).....	135143.00	4704661.55
(b) Total Contribution Refunds (from Line 20(d)).....	11300.00	24325.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	123843.00	4680336.55
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	477882.11	3906389.16
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	5141.94
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	477882.11	3901247.22
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	<b>449474.78</b>	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name  
Hastert for Congress Committee

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	0

D	D
1	8

Y	Y	Y	Y
2	0	0	6

**I. RECEIPTS**

**COLUMN A**  
Total This Period

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

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

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

75485.00

2402853.00

(ii) Unitemized.....

5758.00

169408.55

(iii) TOTAL of contributions

81243.00

2572261.55

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

53900.00

2132400.00

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

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

135143.00

4704661.55

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

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

0.00

0.00

13. LOANS

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

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

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

0.00

5141.94

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

600.00

38990.14

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

135743.00

4748793.63

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	477882.11	3906389.16
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	6300.00	13825.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	10500.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	11300.00	24325.00
21. OTHER DISBURSEMENTS.....	102120.00	755519.72
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	591302.11	4686233.88

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	905033.89
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	135743.00
25. SUBTOTAL (add Line 23 and Line 24).....	1040776.89
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	591302.11
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	449474.78

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 123
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)  
Hastert for Congress Committee

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

Mailing Address P. O. Box 831

City Aurora State IL Zip Code 60507

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

Name of Employer Alexander Lumber Occupation Executive

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 1 7 / 2 0 0 6

**Transaction ID:** 61018.C47389

Amount of Each Receipt this Period  
 2100.00

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

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

Mailing Address 14265 River Road #C

City Plano State IL Zip Code 60545

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

Name of Employer Self Employed Occupation Exec.

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 550.00

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

**Transaction ID:** 61018.C47361

Amount of Each Receipt this Period  
 350.00

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

**C.** Full Name (Last, First, Middle Initial)  
David Baker

Mailing Address 560 W. Lincoln Highway

City Dekalb State IL Zip Code 60115-3004

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

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

**Transaction ID:** 61018.C47371

Amount of Each Receipt this Period  
 350.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2800.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 123
	<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)  
Hastert for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
James Barker

Mailing Address 76 E. Santa Anita Ave.

City State Zip Code  
Burbank CA 91502

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

Name of Employer Occupation  
Self Employed Specialized Plating Serv

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

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

**Transaction ID:** 61025.C47514

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address 1 Overbrook Rd.

City State Zip Code  
Barrington IL 60010

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

Name of Employer Occupation  
Underground Contractors Assn. Executive Director

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
375.00

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

**Transaction ID:** 61018.C47333

Amount of Each Receipt this Period  
375.00

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

**C.** Full Name (Last, First, Middle Initial)  
Sandy Blood

Mailing Address 6N699 Denker Rd.

City State Zip Code  
Saint Charles IL 60175

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

Name of Employer Occupation  
N/A Homemaker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

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

**Transaction ID:** 61018.C47359

Amount of Each Receipt this Period  
1500.00

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

NOTE: Reattrib request pending

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2375.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 123
	<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)  
Hastert for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Dale Bonifas

Mailing Address 1100 Church Road

City Aurora State IL Zip Code 60505

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

Name of Employer Alarm Detection Systems, Inc. Occupation Vice President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1750.00

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

**Transaction ID:** 61025.C47662

Amount of Each Receipt this Period  
 500.00

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

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

Mailing Address 1100 Church Road

City Aurora State IL Zip Code 60505

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

Name of Employer Alarm Detection Systems, Inc. Occupation Vice President/Sales

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1750.00

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

**Transaction ID:** 61025.C47661

Amount of Each Receipt this Period  
 500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Carol Boose

Mailing Address 4N657 Hidden Oaks Rd.

City Saint Charles State IL Zip Code 60175

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

Name of Employer N/A Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

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

**Transaction ID:** 61018.C47360

Amount of Each Receipt this Period  
 700.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1700.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 123
	<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)  
Hastert for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Lydia Boring

Mailing Address 14265B River Rd.

City State Zip Code  
Plano IL 60545

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

Name of Employer School District 88 Occupation Health Aid

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

350.00

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

**Transaction ID:** 61018.C47363

Amount of Each Receipt this Period  
350.00

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

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

Mailing Address 503 Jackson

City State Zip Code  
Glencoe IL 60022

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 0 6

**Transaction ID:** 61018.C47409

Amount of Each Receipt this Period  
400.00

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

**C.** Full Name (Last, First, Middle Initial)  
Stephen Bowen

Mailing Address 503 Jackson Ave.

City State Zip Code  
Glencoe IL 60022

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

Name of Employer Latham & Watkins Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

2100.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 0 6

**Transaction ID:** 61018.C47410

Amount of Each Receipt this Period  
2100.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2850.00

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



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 123
	<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)  
Hastert for Congress Committee

A. Full Name (Last, First, Middle Initial) David Brown		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 6	
Mailing Address 1909 Windsor Rd.		Transaction ID: 61018.C47425	
City Alexandria	State VA	Amount of Each Receipt this Period 500.00	
Zip Code 22307		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer Exelon	Occupation Exec.		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

B. Full Name (Last, First, Middle Initial) John A. Buck		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	
Mailing Address One North Wacker, #2400		Transaction ID: 61018.C47430	
City Chicago	State IL	Amount of Each Receipt this Period 2100.00	
Zip Code 60606		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer John Buck Co.	Occupation Exec.		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3100.00		

C. Full Name (Last, First, Middle Initial) Connie Busby		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	
Mailing Address 1100 Church Road		Transaction ID: 61025.C47664	
City Aurora	State IL	Amount of Each Receipt this Period 500.00	
Zip Code 60505		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer Alarm Detection Systems, Inc.	Occupation Treasurer		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1750.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3100.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 123
	<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)  
Hastert for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Juventino Cano

Mailing Address 547 Yellowstone Ln.

City Yorkville State IL Zip Code 60560

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

Name of Employer Cano Container Corp. Occupation CEO

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 1 7 / 2 0 0 6

Transaction ID: 61018.C47401

Amount of Each Receipt this Period  
 1750.00

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

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

Mailing Address 10201 S. Seeley Ave.

City Chicago State IL Zip Code 60643

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

Name of Employer The Rink Corp. Occupation Developer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3850.00

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

Transaction ID: 61018.C47328

Amount of Each Receipt this Period  
 1750.00

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

**C.** Full Name (Last, First, Middle Initial)  
Milton Carus

Mailing Address 2222 Chartres St.

City Peru State IL Zip Code 61354

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

Name of Employer Carus Corporation Occupation Exec.

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 375.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 1 7 / 2 0 0 6

Transaction ID: 61018.C47383

Amount of Each Receipt this Period  
 175.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3675.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 123
	<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)  
Hastert for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Jon Christiansen

Mailing Address 1130 Ward Rd

City State Zip Code  
Batavia IL 60510

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

Name of Employer Occupation  
J.C. Schultz, Inc. Exec.

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 0 6

Transaction ID: 61018.C47402

Amount of Each Receipt this Period  
1750.00

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

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

Mailing Address 1016 N. Ridge Ave.

City State Zip Code  
Lombard IL 60148

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

Name of Employer Occupation  
Tires N Tracks Inc. Self Employed

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 400.00

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

Transaction ID: 61018.C47336

Amount of Each Receipt this Period  
400.00

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

**C.** Full Name (Last, First, Middle Initial)  
Eda Coleman

Mailing Address 224 Leisure St.

City State Zip Code  
Yorkville IL 60560

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

Name of Employer Occupation  
N/A Retired

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 325.00

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

Transaction ID: 61025.C47636

Amount of Each Receipt this Period  
175.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2325.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 123
	<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)  
Hastert for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
P. Gregory Conlon

Mailing Address 43 Virginia Ln.

City Atherton State CA Zip Code 94027

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

Name of Employer Self Employed Occupation Consultant

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 375.00

Date of Receipt  
MM / DD / YYYY  
10 / 16 / 2006

Transaction ID: 61018.C47374

Amount of Each Receipt this Period  
175.00

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

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

Mailing Address 676 Lake Rd.

City Lake Forest State IL Zip Code 60045

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

Name of Employer N/A Occupation Homemaker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2900.00

Date of Receipt  
MM / DD / YYYY  
10 / 18 / 2006

Transaction ID: 61018.C47429

Amount of Each Receipt this Period  
2100.00

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

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

Mailing Address 1101 DeKalb Ave.

City Sycamore State IL Zip Code 60178

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

Name of Employer Self Employed Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
10 / 16 / 2006

Transaction ID: 61018.C47372

Amount of Each Receipt this Period  
350.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2625.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 123
	<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)  
Hastert for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
James Crowley

Mailing Address 16203 Spring Creek Rd.

City State Zip Code  
Dallas TX 75248

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

Name of Employer N/A Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

Transaction ID: 61025.C47576

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address 1805 Kingsway Dr.

City State Zip Code  
Aurora IL 60506

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

Name of Employer Superior Beverage Co. Occupation Executive

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1750.00

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

Transaction ID: 61018.C47358

Amount of Each Receipt this Period  
1750.00

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

**C.** Full Name (Last, First, Middle Initial)  
James Economos

Mailing Address 106 W. 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: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1050.00

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

Transaction ID: 61018.C47342

Amount of Each Receipt this Period  
800.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3050.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 123
	<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)  
Hastert for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Beth Einsele

Mailing Address Box 303

City State Zip Code  
Shabbona IL 60550

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

Name of Employer  
Self Employed

Occupation  
Real Estate

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
525.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 6

**Transaction ID:** 61018.C47338

Amount of Each Receipt this Period  
175.00

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

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

Mailing Address 1629 Colonial Parkway

City State Zip Code  
Inverness IL 60067

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

Name of Employer  
N/A

Occupation  
Homemaker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

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

**Transaction ID:** 61018.C47431

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Thomas Fitzgerald

Mailing Address 1629 Colonial Parkway

City State Zip Code  
Inverness IL 60067

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

Name of Employer  
Bank Note Capital Corp.

Occupation  
Managing Director

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

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

**Transaction ID:** 61018.C47432

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2175.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 123
	<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)  
Hastert for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Michael Fortner

Mailing Address 212 Fulton St.

City State Zip Code  
West Chicago IL 60185

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

Name of Employer Northern IL Univ Occupation Physicist

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 425.00

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

Transaction ID: 61018.C47347

Amount of Each Receipt this Period  
175.00

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

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

Mailing Address 9S465 Farnsworth

City State Zip Code  
Aurora IL 60504

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

Name of Employer Parkside Lanes Occupation Gen. Mgr.

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2850.00

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

Transaction ID: 61018.C47354

Amount of Each Receipt this Period  
350.00

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

**C.** Full Name (Last, First, Middle Initial)  
John Fritts

Mailing Address 202 E. Chamberlin

City State Zip Code  
Dixon IL 61021

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

Name of Employer Lee County Occupation Treasurer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 6

Transaction ID: 61018.C47339

Amount of Each Receipt this Period  
175.00

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

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <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)  
Hastert for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Norman Gaston

Mailing Address 145 N. Hickory, P. O. Box 362

City State Zip Code  
Waterman IL 60556

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

Name of Employer Metropolitan Life Ins. Occupation Financial Service Rep.

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 0 6

Transaction ID: 61018.C47385

Amount of Each Receipt this Period  
350.00

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

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

Mailing Address 1708 Lakeside Ave. South

City State Zip Code  
Seattle WA 98144

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

Name of Employer Intellectual Ventures Occupation Investor

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

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

Transaction ID: 61025.C47549

Amount of Each Receipt this Period  
2100.00

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

**C.** Full Name (Last, First, Middle Initial)  
Valerie Gorder

Mailing Address 1708 Lakeside Ave. South

City State Zip Code  
Seattle WA 98144

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

Name of Employer GDG Consulting Occupation Investor

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

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

Transaction ID: 61025.C47551

Amount of Each Receipt this Period  
2100.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>4550.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 123
	<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)  
Hastert for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Eldon Gould

Mailing Address 49W924 Perry Rd.

City State Zip Code  
Maple Park IL 60151-9610

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

Name of Employer Self Employed Occupation Farmer

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 0 6

Transaction ID: 61018.C47386

Amount of Each Receipt this Period  
350.00

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

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

Mailing Address 39W832 N. Robert Frost Circle

City State Zip Code  
Saint Charles IL 60175

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

Name of Employer Grubb & Ellis Occupation Real Estate

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 3150.00

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

Transaction ID: 61025.C47659

Amount of Each Receipt this Period  
550.00

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

**C.** Full Name (Last, First, Middle Initial)  
Doug Hastert

Mailing Address 101 W. Ohio St., Ste. 1450

City State Zip Code  
Indianapolis IN 46204

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

Name of Employer Self Employed Occupation Sales

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2100.00

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

Transaction ID: 61025.C47548

Amount of Each Receipt this Period  
2100.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 123
	<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)  
Hastert for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Dale Hecox

Mailing Address 2055 Persimmon Dr.

City State Zip Code  
St. Charles IL 60174-1326

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

Name of Employer N/A Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1150.00

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

Transaction ID: 61025.C47638

Amount of Each Receipt this Period  
350.00

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

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

Mailing Address 445 N. Sycamore Ln.

City State Zip Code  
North Aurora IL 60542

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

Name of Employer Olsson Roofing Company Occupation VP

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 0 6

Transaction ID: 61018.C47379

Amount of Each Receipt this Period  
350.00

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

**C.** Full Name (Last, First, Middle Initial)  
Kaye Hill

Mailing Address 210 N. Oak St.

City State Zip Code  
Plano IL 60545

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

Name of Employer Today Cartage Occupation Secretary

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 0 6

Transaction ID: 61018.C47396

Amount of Each Receipt this Period  
1750.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2450.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 123
	<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)  
Hastert for Congress Committee

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

Mailing Address 1238 Rt. 52

City State Zip Code  
Minooka IL 60447

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

Name of Employer N/A Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 335.00

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

Transaction ID: 61025.C47653

Amount of Each Receipt this Period  
60.00

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

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

Mailing Address 113 Wolf Rd.

City State Zip Code  
Oswego IL 60543

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

Name of Employer Self Employed Occupation Retail Sales

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 6

Transaction ID: 61025.C47641

Amount of Each Receipt this Period  
350.00

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

**C.** Full Name (Last, First, Middle Initial)  
Christine Johnson

Mailing Address 8705 Shabbona Rd.

City State Zip Code  
Shabbona IL 60550

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

Name of Employer DeKalb County Occupation Treasurer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 575.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 0 6

Transaction ID: 61018.C47384

Amount of Each Receipt this Period  
350.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>760.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 123
	<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)  
Hastert for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Fred Kapala

Mailing Address 3761 Hermitage Trail

City State Zip Code  
Rockford IL 61114

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

Name of Employer Occupation  
Judge State of Illinois

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1150.00

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

Transaction ID: 61018.C47356

Amount of Each Receipt this Period  
350.00

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

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

Mailing Address 1111 Church Road

City State Zip Code  
Aurora IL 60505

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

Name of Employer Occupation  
Alarm Detection Systems, Inc. Sales

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1750.00

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

Transaction ID: 61025.C47660

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Michael Kenyon

Mailing Address 1250 E. Main St.

City State Zip Code  
South Elgin IL 60177

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

Name of Employer Occupation  
Self Employed Farmer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
325.00

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

Transaction ID: 61025.C47635

Amount of Each Receipt this Period  
175.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1025.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 123
	<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)  
Hastert for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Victoria Kern

Mailing Address 14265 River Rd.

City State Zip Code  
Plano IL 60545

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

Name of Employer Occupation  
Plano Dist. 88 Driver

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

350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 6

**Transaction ID:** 61018.C47362

Amount of Each Receipt this Period  
350.00

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

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

Mailing Address 5021 Minkler Road

City State Zip Code  
Yorkville IL 60560

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

Name of Employer Occupation  
Self Employed Real Estate Developer

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

3500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 0 6

**Transaction ID:** 61018.C47398

Amount of Each Receipt this Period  
1500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Cynthia Kleronomos

Mailing Address 5021 Minkler Road

City State Zip Code  
Yorkville IL 60560

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

Name of Employer Occupation  
Property Concepts Vice Pres.

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

1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 0 6

**Transaction ID:** 61018.C47399

Amount of Each Receipt this Period  
1500.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3350.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 123
	<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)  
Hastert for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Christine Kramer

Mailing Address P. O. Box 104

City Yorkville State IL Zip Code 60560

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

Name of Employer Daniel J. Kramer Occupation Office Manager

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

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

Transaction ID: 61018.C47364

Amount of Each Receipt this Period  
525.00

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

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

Mailing Address 65 E. Washington

City Oswego State IL Zip Code 60543

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

Name of Employer Kuhn Plumbing Occupation Plumber

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1400.00

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

Transaction ID: 61018.C47353

Amount of Each Receipt this Period  
1400.00

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

**C.** Full Name (Last, First, Middle Initial)  
Keith Landberg

Mailing Address 1841 Williamsburg Avenue

City Geneva State IL Zip Code 60134

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

Name of Employer Kane County Government Occupation Security

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 6

Transaction ID: 61018.C47350

Amount of Each Receipt this Period  
350.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2275.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 123
	<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)  
Hastert for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Mark Larson

Mailing Address 6S504 Bridlespur Dr.

City Naperville State IL Zip Code 60540-5902

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

Name of Employer Larson, Perry, & Ward Occupation Legal & Finance Advisor

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1075.00

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

**Transaction ID:** 61025.C47654

Amount of Each Receipt this Period  
 75.00

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

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

Mailing Address 803 Solar Ln.

City Glenview State IL Zip Code 60025

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

Name of Employer Self Employed Occupation Information Requested

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 1 7 / 2 0 0 6

**Transaction ID:** 61018.C47397

Amount of Each Receipt this Period  
 175.00

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

**C.** Full Name (Last, First, Middle Initial)  
Phillip Lewis

Mailing Address 700 West Fabyan Parkway Apt. 362 D

City Batavia State IL Zip Code 60510

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

Name of Employer N/A Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

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

**Transaction ID:** 61025.C47643

Amount of Each Receipt this Period  
 300.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **550.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 24 / 123
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	12	<input type="checkbox"/>	13a
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	13b
<input type="checkbox"/>		<input type="checkbox"/>	11d
<input type="checkbox"/>		<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	15

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NAME OF COMMITTEE (In Full)  
Hastert for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Patricia Lindner

Mailing Address 6S274 Densmore Rd.

City Aurora State IL Zip Code 60506

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

Name of Employer State of Illinois Occupation State Representative

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

Transaction ID: 61018.C47335

Amount of Each Receipt this Period  
 175.00

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

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

Mailing Address 79 N. Royal Oaks Dr.

City Bristol State IL Zip Code 60512

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

Name of Employer Respiratory Consultants Occupation Nurse

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1650.00

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

Transaction ID: 61018.C47355

Amount of Each Receipt this Period  
 350.00

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

**C.** Full Name (Last, First, Middle Initial)  
Sandra Lyon

Mailing Address 6857 Old State Rd.

City Kirkland State IL Zip Code 60146

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

Name of Employer Self Employed Occupation Business Owner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 850.00

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

Transaction ID: 61018.C47370

Amount of Each Receipt this Period  
 350.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **875.00**

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



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 123
	<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)  
Hastert for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Robert McCormack

Mailing Address P. O. Box 828

City State Zip Code  
Waukesha WI 53187

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

Name of Employer Occupation  
Spancrete Exec.

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

2100.00

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

Transaction ID: 61018.C47428

Amount of Each Receipt this Period  
2100.00

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

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

Mailing Address 517 Joanne Ln.

City State Zip Code  
DeKalb IL 60115

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

Name of Employer Occupation  
Milner Real Estate Realtor

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

700.00

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

Transaction ID: 61018.C47369

Amount of Each Receipt this Period  
700.00

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

**C.** Full Name (Last, First, Middle Initial)  
Adel A. Mobarak

Mailing Address P. O. Box 384

City State Zip Code  
Dixon IL 61021

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

Name of Employer Occupation  
Rock River Ready Mix President

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

650.00

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

Transaction ID: 61018.C47366

Amount of Each Receipt this Period  
200.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 123
	<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)  
Hastert for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Benjamin Moe

Mailing Address 415 Walnut St.

City Yorkville State IL Zip Code 60560

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

Name of Employer Self Employed Occupation Real Estate

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 4 / 2 0 0 6

Transaction ID: 61005.C47274

Amount of Each Receipt this Period  
350.00

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

**B.** Full Name (Last, First, Middle Initial)  
Edward P. Morrissey

Mailing Address 820 Lafayette St.

City Sandwich State IL Zip Code 60548

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

Name of Employer Self Employed Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

275.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 0 6

Transaction ID: 61018.C47387

Amount of Each Receipt this Period  
175.00

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

**C.** Full Name (Last, First, Middle Initial)  
Merita Nickels

Mailing Address 17901 Owens Rd.

City Maple Park State IL Zip Code 60151

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

Name of Employer N/A Occupation Homemaker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 0 6

Transaction ID: 61018.C47378

Amount of Each Receipt this Period  
350.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **875.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 27 / 123</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)  
Hastert for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Bonnie OConnell

Mailing Address 1625 Burlington Rd.

City State Zip Code  
Oregon IL 61061

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

Name of Employer Occupation  
Heritage Square Nurse

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1350.00

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

**Transaction ID:** 61018.C47337

Amount of Each Receipt this Period  
700.00

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

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

Mailing Address 1100 Church Rd.

City State Zip Code  
Aurora IL 60505

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

Name of Employer Occupation  
Alarm Detection Systems, Inc. Executive

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1650.00

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

**Transaction ID:** 61025.C47663

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Harold Oliver

Mailing Address 15426-A Millhurst Rd..

City State Zip Code  
Plano IL 60545

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

Name of Employer Occupation  
HRM Properties Developer

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

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

**Transaction ID:** 61025.C47655

Amount of Each Receipt this Period  
250.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1450.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 28 / 123
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<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)  
Hastert for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Marlene Pearson

Mailing Address 1S773 Nelson Lake Rd.

City Aurora State IL Zip Code 60510

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

Name of Employer N/A Occupation Homemaker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1850.00

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

Transaction ID: 61025.C47642

Amount of Each Receipt this Period  
 350.00

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

**B.** Full Name (Last, First, Middle Initial)  
Hal A. Phipps

Mailing Address 5N663 Pearson Rd.

City Wayne State IL Zip Code 60184

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

Name of Employer Plastic Specialties Occupation Vice Pres.

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 650.00

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

Transaction ID: 61025.C47639

Amount of Each Receipt this Period  
 350.00

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

**C.** Full Name (Last, First, Middle Initial)  
Harry Podschwit

Mailing Address 46W605 Jericho Rd.

City Big Rock State IL Zip Code 60511

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

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

Transaction ID: 61025.C47656

Amount of Each Receipt this Period  
 350.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1050.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 123
	<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)  
Hastert for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
James Polivka

Mailing Address P.O. Box 338

City State Zip Code  
Lafox IL 60147

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

Name of Employer N/A Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 6

Transaction ID: 61018.C47436

Amount of Each Receipt this Period  
350.00

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

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

Mailing Address 215 West North Street

City State Zip Code  
Geneseo IL 61254

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

Name of Employer Springfield Armory Occupation CEO

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 875.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 0 6

Transaction ID: 61018.C47381

Amount of Each Receipt this Period  
875.00

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

**C.** Full Name (Last, First, Middle Initial)  
Thomas Reese

Mailing Address 23976 Stagecoach Rd.

City State Zip Code  
Geneseo IL 61254

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

Name of Employer Springfield Armory Occupation Executive

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 875.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 0 6

Transaction ID: 61018.C47382

Amount of Each Receipt this Period  
875.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2100.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 123
	<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)  
Hastert for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
T. John Reeves

Mailing Address P.O. Box 102

City State Zip Code  
Yorkville IL 60560

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1750.00

Date of Receipt  
MM / DD / YYYY  
10 / 16 / 2006

Transaction ID: 61018.C47329

Amount of Each Receipt this Period  
1750.00

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

**B.** Full Name (Last, First, Middle Initial)  
Betty Ann Rich

Mailing Address P. O. Box 369

City State Zip Code  
Sugar Grove IL 60554

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

Name of Employer Information Requested Occupation Information Requested  
N/A Homemaker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

Date of Receipt  
MM / DD / YYYY  
10 / 17 / 2006

Transaction ID: 61018.C47380

Amount of Each Receipt this Period  
1500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Marilyn Ripka

Mailing Address 908 N. Greenwood Ave.

City State Zip Code  
Park Ridge IL 60068

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
350.00

Date of Receipt  
MM / DD / YYYY  
10 / 16 / 2006

Transaction ID: 61025.C47640

Amount of Each Receipt this Period  
350.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3600.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 31 / 123</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)  
Hastert for Congress Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Theodore J. Risch Mailing Address 545 Ingalton City State Zip Code West Chicago IL 60185 FEC ID number of contributing federal political committee. <b>C</b>	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 6 / 2 0 0 6 <b>Transaction ID:</b> 61025.C47637 Amount of Each Receipt this Period 175.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation N/A Retired Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1275.00	

Full Name (Last, First, Middle Initial) <b>B.</b> John Rowe Mailing Address P. O. Box 805398 City State Zip Code Chicago IL 60680-5398 FEC ID number of contributing federal political committee. <b>C</b>	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 6 <b>Transaction ID:</b> 61018.C47424 Amount of Each Receipt this Period 2100.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Exelon/Com Ed Exec. Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2100.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Salvador Salinas Mailing Address 239 Cody St. City State Zip Code Houston TX 77009 FEC ID number of contributing federal political committee. <b>C</b>	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 4 / 2 0 0 6 <b>Transaction ID:</b> 61005.C47272 Amount of Each Receipt this Period 350.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation N/A Retired Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<b>2625.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 123
	<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)  
Hastert for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Fatmir Saliu

Mailing Address 235 Willowwood Dr.

City State Zip Code  
Oswego IL 60543

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

Name of Employer Occupation  
Sunfield Restaurant Owner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
875.00

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

Transaction ID: 61018.C47344

Amount of Each Receipt this Period  
875.00

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

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

Mailing Address 36W312 Ferson Creek Rd.

City State Zip Code  
St. Charles IL 60174

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

Name of Employer Occupation  
Self Employed Telecom Consultant

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

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

Transaction ID: 61018.C47365

Amount of Each Receipt this Period  
25.00

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

**C.** Full Name (Last, First, Middle Initial)  
Richard Schutt

Mailing Address 434 Shadow Creek Dr.

City State Zip Code  
Palos Heights IL 60463

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

Name of Employer Occupation  
Providence Mgmt. & Development Manager

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

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

Transaction ID: 61018.C47439

Amount of Each Receipt this Period  
200.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1100.00**

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



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 123
	<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)  
Hastert for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Pamela Scully

Mailing Address 1731 Roosa Lane

City State Zip Code  
Elk Grove Village IL 60007

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

Name of Employer N/A Occupation Homemaker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

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

Transaction ID: 61018.C47334

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address P. O. Box 901

City State Zip Code  
Dundee IL 60118

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

Name of Employer Barrier Dynamics Occupation Vice President/Sales

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2650.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 4 / 2 0 0 6

Transaction ID: 61005.C47266

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Fred Stahl

Mailing Address 17260 Chicago Rd.

City State Zip Code  
Sandwich IL 60548

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

Name of Employer Self Employed Occupation Farmer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
700.00

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

Transaction ID: 61018.C47330

Amount of Each Receipt this Period  
700.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1700.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 123
	<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)  
Hastert for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Nicholas Stanitz

Mailing Address 7S531 Donwood Dr.

City Naperville State IL Zip Code 60540

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

Name of Employer Oak Hill Builders, Inc. Occupation Homebuilder

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 1 7 / 2 0 0 6

Transaction ID: 61018.C47403

Amount of Each Receipt this Period  
 1500.00

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

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

Mailing Address 367 N. Lincolnway

City North Aurora State IL Zip Code 60542

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

Name of Employer Highland Medical Clinic Occupation Physician & Surgeon

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: 61018.C47367

Amount of Each Receipt this Period  
 1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Carole Stokely

Mailing Address P. O. Box 93

City Wayne State IL Zip Code 60184

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

Name of Employer N/A Occupation Homemaker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 650.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 1 7 / 2 0 0 6

Transaction ID: 61018.C47376

Amount of Each Receipt this Period  
 350.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2850.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <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 type="checkbox"/> 14 <input type="checkbox"/> 15	PAGE 35 / 123
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NAME OF COMMITTEE (In Full)  
Hastert for Congress Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Marc Strauss</p> <p>Mailing Address 1258 Ivy Ln.</p> <p>City State Zip Code Dekalb IL 60115</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation First Rockford Group Attorney</p> <p>Receipt For: 2006 Election Cycle-to-Date ▼  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">950.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 8 / 2 0 0 6</p> <p><b>Transaction ID:</b> 61018.C47443</p> <p>Amount of Each Receipt this Period 175.00</p> <p>Receipt <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) Mark Robert Tezak</p> <p>Mailing Address 2340 S. Standale</p> <p>City State Zip Code Mesa AZ 85202</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation N/A Retired</p> <p>Receipt For: 2006 Election Cycle-to-Date ▼  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">2100.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 6</p> <p><b>Transaction ID:</b> 61018.C47427</p> <p>Amount of Each Receipt this Period 2100.00</p> <p>Receipt <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) Kathleen Thomas</p> <p>Mailing Address 416 E. North Water St.</p> <p>City State Zip Code Chicago IL 60611</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation First Trust Portfolios Invest. Banker</p> <p>Receipt For: 2006 Election Cycle-to-Date ▼  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">1425.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 6 / 2 0 0 6</p> <p><b>Transaction ID:</b> 61018.C47348</p> <p>Amount of Each Receipt this Period 175.00</p> <p>Receipt <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) .....	<b>2450.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 123
	<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)  
Hastert for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
John Thornhill

Mailing Address 44 White Oak Circle

City State Zip Code  
St. Charles IL 60174

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

Name of Employer Donahue & Thornhill Occupation Land Surveyor

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
625.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 6

Transaction ID: 61025.C47634

Amount of Each Receipt this Period  
175.00

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

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

Mailing Address 1023 Lexington Ln.

City State Zip Code  
Batavia IL 60510

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

Name of Employer Batavia Travel Occupation Travel Agent

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
475.00

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

Transaction ID: 61018.C47357

Amount of Each Receipt this Period  
350.00

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

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

Mailing Address 1050 Lindenwood

City State Zip Code  
Aurora IL 60506

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
525.00

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

Transaction ID: 61025.C47658

Amount of Each Receipt this Period  
525.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1050.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 123
	<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)  
Hastert for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Vincent Volpe

Mailing Address 751 N. Hermitage Dr.

City Aurora State IL Zip Code 60506

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

Name of Employer N/A Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 1 7 / 2 0 0 6

Transaction ID: 61018.C47414

Amount of Each Receipt this Period  
 1700.00

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

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

Mailing Address 3807 Brittany Rd.

City Northbrook State IL Zip Code 60062

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

Name of Employer N/A Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 275.00

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

Transaction ID: 61018.C47375

Amount of Each Receipt this Period  
 175.00

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

**C.** Full Name (Last, First, Middle Initial)  
Robert Walsh

Mailing Address 5371 W. Lawrence Suite B

City Chicago State IL Zip Code 60630

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

Name of Employer Windy City Financial Services Occupation Mortgage Broker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 1 7 / 2 0 0 6

Transaction ID: 61018.C47404

Amount of Each Receipt this Period  
 1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2875.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 123
	<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)  
Hastert for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Grant Wegner

Mailing Address 57 Nawakwa Ln

City Yorkville State IL Zip Code 60560

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

Name of Employer Caterpillar Committee for Effe Occupation Info. Services

Receipt For: 2006 Election Cycle-to-Date ▼

Primary  General  Other (specify) ▼

325.00

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

Transaction ID: 61018.C47433

Amount of Each Receipt this Period  
175.00

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

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

Mailing Address 5 Orchard Ave.

City Oswego State IL Zip Code 60543

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

Name of Employer Self Employed Occupation Realtor

Receipt For: 2006 Election Cycle-to-Date ▼

Primary  General  Other (specify) ▼

350.00

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

Transaction ID: 61018.C47346

Amount of Each Receipt this Period  
350.00

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

**C.** Full Name (Last, First, Middle Initial)  
Lisa M. Wesa

Mailing Address 12507 S. Lakeview Dr.

City Huntley State IL Zip Code 60142

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

Name of Employer Self Employed Occupation Political Consultant

Receipt For: 2006 Election Cycle-to-Date ▼

Primary  General  Other (specify) ▼

275.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 0 6

Transaction ID: 61018.C47388

Amount of Each Receipt this Period  
175.00

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

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 39 / 123
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)  
Hastert for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Keith Wheeler

Mailing Address 320 Washington St.

City State Zip Code  
Oswego IL 60543

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

Name of Employer Occupation  
Self Employed Consultant

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1750.00

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

Transaction ID: 61018.C47343

Amount of Each Receipt this Period  
1750.00

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

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

Mailing Address 67 Oak Creek Drive

City State Zip Code  
Yorkville IL 60560-9779

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

Name of Employer Occupation  
Fairmonunt Minerals Vice Pres.

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
600.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 4 / 2 0 0 6

Transaction ID: 61005.C47268

Amount of Each Receipt this Period  
100.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1850.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	75485.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 123
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" 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)  
Hastert for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
American Pharmacists Assoc. PAC

Mailing Address 2215 Constitution Ave., NW

City Washington State DC Zip Code 20037

FEC ID number of contributing federal political committee. **C** C00193854

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

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

**Transaction ID:** 61018.C47434

Amount of Each Receipt this Period  
 1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
American Speech, Language & Hearing Asso

Mailing Address 10801 Rockville Pike

City Rockville State MD Zip Code 20852

FEC ID number of contributing federal political committee. **C** C00210666

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 1 7 / 2 0 0 6

**Transaction ID:** 61018.C47407

Amount of Each Receipt this Period  
 1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Aramark PAC

Mailing Address 1101 Market Street

City Philadelphia State PA Zip Code 19107

FEC ID number of contributing federal political committee. **C** C00157677

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 1 7 / 2 0 0 6

**Transaction ID:** 61018.C47411

Amount of Each Receipt this Period  
 1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 41 / 123
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<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)  
Hastert for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Checkfree Corp. PAC

Mailing Address 4411 E. Jones Bridge Rd.

City Norcross State GA Zip Code 30092

FEC ID number of contributing federal political committee. **C** C00378166

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

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

**Transaction ID:** 61018.C47423

Amount of Each Receipt this Period  
2500.00

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

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

Mailing Address One James River Plaza  
P. O. Box 2666

City Richmond State VA Zip Code 23261

FEC ID number of contributing federal political committee. **C** C00108209

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 0 6

**Transaction ID:** 61018.C47393

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Dykema Gossett Fed. PAC

Mailing Address 800 Michigan Natl Tower

City Lansing State MI Zip Code 48933

FEC ID number of contributing federal political committee. **C** C00342113

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
350.00

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

**Transaction ID:** 61018.C47327

Amount of Each Receipt this Period  
350.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3850.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 123
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" 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)  
Hastert for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
General Mills, Inc. PAC

Mailing Address Number One General Mills Blvd.

City State Zip Code  
Minneapolis MN 55426

FEC ID number of contributing federal political committee. **C** C00062646

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 0 6

**Transaction ID:** 61018.C47390

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
General Mills, Inc. PAC

Mailing Address Number One General Mills Blvd.

City State Zip Code  
Minneapolis MN 55426

FEC ID number of contributing federal political committee. **C** C00062646

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 0 6

**Transaction ID:** 61018.C47395

Amount of Each Receipt this Period  
750.00

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

**C.** Full Name (Last, First, Middle Initial)  
H. J. Heinz Co. PAC

Mailing Address 600 Grant St.  
USX Tower, 60th Floor

City State Zip Code  
Pittsburgh PA 15219

FEC ID number of contributing federal political committee. **C** C00336040

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 0 6

**Transaction ID:** 61018.C47420

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 123
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input checked="" 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)  
Hastert for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Honeywell Intl PAC

Mailing Address 1001 Penn. Ave., Ste. 700

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00096156

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 6000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 1 7 / 2 0 0 6

**Transaction ID:** 61018.C47405

Amount of Each Receipt this Period  
 4000.00

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

**B.** Full Name (Last, First, Middle Initial)  
IL Road Builders Fed PAC

Mailing Address 500 Park Blvd.

City Itasca State IL Zip Code 60143

FEC ID number of contributing federal political committee. **C** C00338327

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 1 7 / 2 0 0 6

**Transaction ID:** 61018.C47394

Amount of Each Receipt this Period  
 5000.00

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

**C.** Full Name (Last, First, Middle Initial)  
IPAA Wildcatter PAC

Mailing Address 1201 15th St., NW Ste. 300

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00246306

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 1 7 / 2 0 0 6

**Transaction ID:** 61018.C47419

Amount of Each Receipt this Period  
 1000.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 123
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input checked="" 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)  
Hastert for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Johnson & Johnson Emp. Good Govt Fund

Mailing Address One Johnson & Johnson Plaza

City State Zip Code  
New Brunswick NJ 08933-7204

FEC ID number of contributing federal political committee. **C** C00010983

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
10000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 0 6

**Transaction ID:** 61018.C47391

Amount of Each Receipt this Period  
2500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Liberty Mutual Ins. Co. Political Actio

Mailing Address 175 Berkeley St.

City State Zip Code  
Boston MA 02117

FEC ID number of contributing federal political committee. **C** C00171843

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 0 6

**Transaction ID:** 61018.C47408

Amount of Each Receipt this Period  
2500.00

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

**C.** Full Name (Last, First, Middle Initial)  
McGuireWoods Fed. PAC

Mailing Address One James Center  
901 E. Cary St.

City State Zip Code  
Richmond VA 23219

FEC ID number of contributing federal political committee. **C** C00225342

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

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

**Transaction ID:** 61018.C47340

Amount of Each Receipt this Period  
1000.00

Receipt  
 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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 45 / 123
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<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)  
Hastert for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Modern Woodmen of America PAC

Mailing Address Mississippi River & 17th St.

City State Zip Code  
Rock Island IL 61201

FEC ID number of contributing federal political committee. **C** C00184382

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 0 6

**Transaction ID:** 61018.C47422

Amount of Each Receipt this Period  
300.00

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

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

Mailing Address 1 Nalco Center

City State Zip Code  
Naperville IL 60563-1198

FEC ID number of contributing federal political committee. **C** C00144063

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

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

**Transaction ID:** 61018.C47341

Amount of Each Receipt this Period  
2500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Natl Telephone Coop. Assoc. PAC

Mailing Address 4121 Wilson Blvd., 10th Floor

City State Zip Code  
Arlington VA 22203

FEC ID number of contributing federal political committee. **C** C00004473

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 0 6

**Transaction ID:** 61018.C47412

Amount of Each Receipt this Period  
2000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>4800.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 46 / 123</span> (check only one) <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" 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)  
Hastert for Congress Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Natl. Academy of Elder Law Attorneys PA Mailing Address 1604 N. Country Club Rd. <hr/> City State Zip Code Tucson AZ 85716 <hr/> FEC ID number of contributing federal political committee. <span style="float: right; border: 1px solid black; padding: 2px;">C C00393553</span> <hr/> Name of Employer Occupation <hr/> Receipt For: 2006 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;">4000.00</span>	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>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 61018.C47416 <hr/> Amount of Each Receipt this Period <div style="border: 1px solid black; text-align: right; padding: 2px;">1000.00</div> <hr/> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	7		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	7		2	0	0	6												

<b>B.</b> Full Name (Last, First, Middle Initial) Natl. Academy of Elder Law Attorneys PA Mailing Address 1604 N. Country Club Rd. <hr/> City State Zip Code Tucson AZ 85716 <hr/> FEC ID number of contributing federal political committee. <span style="float: right; border: 1px solid black; padding: 2px;">C C00393553</span> <hr/> Name of Employer Occupation <hr/> Receipt For: 2006 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;">5000.00</span>	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>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 61018.C47418 <hr/> Amount of Each Receipt this Period <div style="border: 1px solid black; text-align: right; padding: 2px;">1000.00</div> <hr/> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	7		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	7		2	0	0	6												

<b>C.</b> Full Name (Last, First, Middle Initial) Natl. Academy of Elder Law Attorneys PA Mailing Address 1604 N. Country Club Rd. <hr/> City State Zip Code Tucson AZ 85716 <hr/> FEC ID number of contributing federal political committee. <span style="float: right; border: 1px solid black; padding: 2px;">C C00393553</span> <hr/> Name of Employer Occupation <hr/> Receipt For: 2006 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;">6000.00</span>	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>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 61018.C47417 <hr/> Amount of Each Receipt this Period <div style="border: 1px solid black; text-align: right; padding: 2px;">1000.00</div> <hr/> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	7		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	7		2	0	0	6												

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 123
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" 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)  
Hastert for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Natl. Funeral Directors PAC

Mailing Address 13625 Bishops Dr.

City State Zip Code  
Brookfield WI 53005

FEC ID number of contributing federal political committee. **C** C00204008

Name of Employer Occupation

Receipt For: 2006  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 17 / 2006

**Transaction ID:** 61018.C47406

Amount of Each Receipt this Period  
1750.00

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

**B.** Full Name (Last, First, Middle Initial)  
Natl. Stone, Sand & Gravel Assoc. PAC

Mailing Address 2101 Wilson Blvd., Ste. 100

City State Zip Code  
Arlington VA 22201

FEC ID number of contributing federal political committee. **C** C00089458

Name of Employer Occupation

Receipt For: 2006  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 17 / 2006

**Transaction ID:** 61018.C47421

Amount of Each Receipt this Period  
2500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Oldcastle Materials Inc. PAC

Mailing Address 101 Constitution Ave. N.W.  
Suite 600 West

City State Zip Code  
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00346353

Name of Employer Occupation

Receipt For: 2006  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 18 / 2006

**Transaction ID:** 61018.C47435

Amount of Each Receipt this Period  
2000.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 48 / 123
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<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)  
Hastert for Congress Committee

<b>A.</b> Full Name (Last, First, Middle Initial) PepsiCo Concerned Citizens Fund Mailing Address 700 Anderson Hill Rd. City State Zip Code Purchase NY 10577-1444 FEC ID number of contributing federal political committee. <b>C</b> C00039321 Name of Employer Occupation Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2500.00		Date of Receipt <table border="1"> <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>1</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 61018.C47392 Amount of Each Receipt this Period 2500.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	1	7	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	0	/	1	7	/	2	0	0	6													

<b>B.</b> Full Name (Last, First, Middle Initial) Salem Comm. Corp. PAC Mailing Address 4880 Santa Rosa Rd., Ste. 300 City State Zip Code Camarillo CA 93012 FEC ID number of contributing federal political committee. <b>C</b> C00321158 Name of Employer Occupation Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 3750.00		Date of Receipt <table border="1"> <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>1</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 61018.C47352 Amount of Each Receipt this Period 1750.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	1	6	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	0	/	1	6	/	2	0	0	6													

<b>C.</b> Full Name (Last, First, Middle Initial) USAA Group PAC Mailing Address USAA Building City State Zip Code San Antonio TX 78288 FEC ID number of contributing federal political committee. <b>C</b> C00164145 Name of Employer Occupation Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 5000.00		Date of Receipt <table border="1"> <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>1</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 61018.C47413 Amount of Each Receipt this Period 5000.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	1	7	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	0	/	1	7	/	2	0	0	6													

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	9250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 49 / 123	
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<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)  
Hastert for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Walgreen PAC

Mailing Address 200 Wilmot Rd.

City State Zip Code  
Deerfield IL 60015

FEC ID number of contributing federal political committee. **C** C00160770

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
10000.00

Date of Receipt  

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

Transaction ID: 61020.C47450

Amount of Each Receipt this Period  
5000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	5000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	53900.00

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 50 / 123	
	(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 type="checkbox"/> 14	<input checked="" type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Hastert for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Aurora Republican Womens Club

Mailing Address P. O. Box 7125

City Aurora State IL Zip Code 60507-

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
600.00

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

Transaction ID: 61025.C47648

Amount of Each Receipt this Period  
600.00

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

NOTE: Reimb for purchase

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Hastert for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. Association for Individual Development</b>		<b>Transaction ID:</b> 61005.E19343 <b>Date of Disbursement</b> 10 / 01 / 2006
Mailing Address 309 West New Indian Trail Ct.		Amount of Each Disbursement this Period 520.00
City Aurora State IL Zip Code 60506-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement OFFICE CLEANING	Candidate Name	OFFICE CLEANING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Full Name (Last, First, Middle Initial) <b>B. American Express Merchant Services</b>		<b>Transaction ID:</b> 61023.E19861 <b>Date of Disbursement</b> 10 / 10 / 2006
Mailing Address P. O. Box 53852		Amount of Each Disbursement this Period 459.23
City Phoenix State AZ Zip Code 85072-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CREDIT CARD SERVICE CHARGE	Candidate Name	CREDIT CARD SERVICE CHARGE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Full Name (Last, First, Middle Initial) <b>C. AT&amp;T</b>		<b>Transaction ID:</b> 61018.E19704 <b>Date of Disbursement</b> 10 / 11 / 2006
Mailing Address Bill Payment Center		Amount of Each Disbursement this Period 759.14
City Saginaw State MI Zip Code 48663-0003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TELEPHONE	Candidate Name	TELEPHONE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

1738.37

**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)  
Hastert for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. Batavia Rental</b>		<b>Transaction ID:</b> 61013.E19664 <b>Date of Disbursement</b> 10 / 12 / 2006	
Mailing Address 480 S. River St.		Amount of Each Disbursement this Period 961.00	
City Batavia State IL Zip Code 60510-	Purpose of Disbursement FUNDRAISING EXPENSE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FUNDRAISING EXPENSE	

Full Name (Last, First, Middle Initial) <b>B. BGowan Companies</b>		<b>Transaction ID:</b> 61009.E19365 <b>Date of Disbursement</b> 10 / 05 / 2006	
Mailing Address 1717 Woodstead Ct., Ste. 107		Amount of Each Disbursement this Period 42952.00	
City The Woodlands State TX Zip Code 77380-	Purpose of Disbursement DIRECT MAIL	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	DIRECT MAIL	

Full Name (Last, First, Middle Initial) <b>C. BGowan Companies</b>		<b>Transaction ID:</b> 61023.E19858 <b>Date of Disbursement</b> 10 / 16 / 2006	
Mailing Address 1717 Woodstead Ct., Ste. 107		Amount of Each Disbursement this Period 56846.00	
City The Woodlands State TX Zip Code 77380-	Purpose of Disbursement DIRECT MAIL	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	DIRECT MAIL	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	100759.00
<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)  
Hastert for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. Joseph M. Boland</b>		<b>Transaction ID:</b> 61025.E19910 Date of Disbursement 10 / 02 / 2006
Mailing Address 2448 Tunlaw Rd., NW		Amount of Each Disbursement this Period 746.14
City Washington State DC Zip Code 20007-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SALARY Candidate Name	Category/Type	SALARY
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Campaign Solutions</b>		<b>Transaction ID:</b> 61018.E19697 Date of Disbursement 10 / 17 / 2006
Mailing Address 118 N. St. Asaph St.		Amount of Each Disbursement this Period 2351.54
City Alexandria State VA Zip Code 22314-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FUNDRAISING EXPENSE Candidate Name	Category/Type	FUNDRAISING EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Capital Campaigns</b>		<b>Transaction ID:</b> 61018.E19707 Date of Disbursement 10 / 10 / 2006
Mailing Address 11150 Santa Monica Blvd., Ste. 450		Amount of Each Disbursement this Period 129.48
City Los Angeles State CA Zip Code 90025-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FUNDRAISING EXPENSE Candidate Name	Category/Type	FUNDRAISING EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3227.16</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Hastert for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. Capitol Hill Club</b>		<b>Transaction ID:</b> 61018.E19708 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6
Mailing Address 300 First St., S.E.		Amount of Each Disbursement this Period 3306.09 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003-	Purpose of Disbursement FUNDRAISING EXPENSE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FUNDRAISING EXPENSE

Full Name (Last, First, Middle Initial) <b>B. Challenge Properties</b>		<b>Transaction ID:</b> 61020.E19715 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 6
Mailing Address 525 N. River St., Ste. 200		Amount of Each Disbursement this Period 1750.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Batavia State IL Zip Code 60510-	Purpose of Disbursement RENT FOR CAMPAIGN OFFICE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	RENT FOR CAMPAIGN OFFICE

Full Name (Last, First, Middle Initial) <b>C. Challenge Properties</b>		<b>Transaction ID:</b> 61020.E19716 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 6
Mailing Address 525 N. River St., Ste. 200		Amount of Each Disbursement this Period 100.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Batavia State IL Zip Code 60510-	Purpose of Disbursement RENT FOR CAMPAIGN STORAGE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	RENT FOR CAMPAIGN STORAGE

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5156.09
<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)  
Hastert for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. Chase Cardmember Services</b>		<b>Transaction ID:</b> 61013.E19667 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address P. O. Box 15153		Amount of Each Disbursement this Period 55141.43
City Wilmington State DE Zip Code 19886-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SEE BELOW Candidate Name	Category/Type	SEE BELOW
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Ace Hardware</b>		<b>Transaction ID:</b> 61023.E19725 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 1901 W. Randall Rd.		Amount of Each Disbursement this Period 32.60
City Batavia State IL Zip Code 60510-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement OFFICE SUPPLIES Candidate Name	Category/Type	<b>[MEMO ITEM]</b> MEMO: OFFICE SUPPLIES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Alcatraz Media Tours</b>		<b>Transaction ID:</b> 61023.E19812 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 3850 Holcomb Bridge Rd. #245		Amount of Each Disbursement this Period 1604.25
City Norcross State GA Zip Code 30092-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FUNDRAISING EXPENSE Candidate Name	Category/Type	<b>[MEMO ITEM]</b> MEMO: FUNDRAISING EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	55141.43
<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)  
Hastert for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. American Airlines</b>		Transaction ID: 61023.E19777 Date of Disbursement 10 / 13 / 2006	
Mailing Address P. O. Box 619612		Amount of Each Disbursement this Period 560.60	
City Dallas State TX Zip Code 75261-	Purpose of Disbursement TRAVEL EXPENSE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSE	

Full Name (Last, First, Middle Initial) <b>B. Amstadts Finer Foods</b>		Transaction ID: 61025.E19864 Date of Disbursement 10 / 13 / 2006	
Mailing Address 309 Webster St.		Amount of Each Disbursement this Period 65.84	
City Batavia State IL Zip Code 60510-	Purpose of Disbursement FOOD FOR CAMPAIGN VOLUNTEERS	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: FOOD FOR CAMPAIGN VOLUNTEERS	

Full Name (Last, First, Middle Initial) <b>C. Amstadts Finer Foods</b>		Transaction ID: 61025.E19865 Date of Disbursement 10 / 13 / 2006	
Mailing Address 309 Webster St.		Amount of Each Disbursement this Period 17.77	
City Batavia State IL Zip Code 60510-	Purpose of Disbursement FOOD FOR CAMPAIGN VOLUNTEERS	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: FOOD FOR CAMPAIGN VOLUNTEERS	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<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)  
Hastert for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. Batavia Postmaster</b>		<b>Transaction ID:</b> 61023.E19847 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 500 N. Randall Rd.		Amount of Each Disbursement this Period 390.00
City Batavia State IL Zip Code 60510-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement POSTAGE	Candidate Name	<b>[MEMO ITEM]</b> MEMO: POSTAGE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Batavia Postmaster</b>		<b>Transaction ID:</b> 61025.E19889 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 500 N. Randall Rd.		Amount of Each Disbursement this Period 24.42
City Batavia State IL Zip Code 60510-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement POSTAGE	Candidate Name	<b>[MEMO ITEM]</b> MEMO: POSTAGE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Batavia Postmaster</b>		<b>Transaction ID:</b> 61023.E19849 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 500 N. Randall Rd.		Amount of Each Disbursement this Period 9.51
City Batavia State IL Zip Code 60510-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement POSTAGE	Candidate Name	<b>[MEMO ITEM]</b> MEMO: POSTAGE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Hastert for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. Batavia Postmaster</b>		<b>Transaction ID:</b> 61025.E19883 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 500 N. Randall Rd.		Amount of Each Disbursement this Period 8.10
City Batavia State IL Zip Code 60510-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement POSTAGE	Candidate Name	<b>[MEMO ITEM]</b> MEMO: POSTAGE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Batavia Postmaster</b>		<b>Transaction ID:</b> 61023.E19850 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 500 N. Randall Rd.		Amount of Each Disbursement this Period 429.00
City Batavia State IL Zip Code 60510-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement POSTAGE	Candidate Name	<b>[MEMO ITEM]</b> MEMO: POSTAGE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Batavia Postmaster</b>		<b>Transaction ID:</b> 61025.E19863 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 500 N. Randall Rd.		Amount of Each Disbursement this Period 390.00
City Batavia State IL Zip Code 60510-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement POSTAGE	Candidate Name	<b>[MEMO ITEM]</b> MEMO: POSTAGE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

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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)  
Hastert for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. CDW Direct</b>		<b>Transaction ID:</b> 61025.E19884 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 200 W.Milwaukee		Amount of Each Disbursement this Period 619.74
City Vernon Hills State IL Zip Code 60061-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement OFFICE EQUIPMENT	Candidate Name	<b>[MEMO ITEM]</b> MEMO: OFFICE EQUIPMENT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. CDW Direct</b>		<b>Transaction ID:</b> 61025.E19885 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 200 W.Milwaukee		Amount of Each Disbursement this Period 77.02
City Vernon Hills State IL Zip Code 60061-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement OFFICE SUPPLIES	Candidate Name	<b>[MEMO ITEM]</b> MEMO: OFFICE SUPPLIES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Canterbury Hotel</b>		<b>Transaction ID:</b> 61023.E19754 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 123 S. Illinois St.		Amount of Each Disbursement this Period 1039.51
City Indianapolis State IN Zip Code 46225-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TRAVEL EXPENSE	Candidate Name	<b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**SUBTOTAL** of Disbursements This Page (optional) ..... ► **0.00**

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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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)  
Hastert for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. Chase Cardmember Services</b>		Transaction ID: 61023.E19721 Date of Disbursement 10 / 13 / 2006	
Mailing Address P. O. Box 15153		Amount of Each Disbursement this Period 212.33	
City Wilmington State DE Zip Code 19886-	Purpose of Disbursement SERVICE CHARGE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: SERVICE CHARGE	

Full Name (Last, First, Middle Initial) <b>B. Chicago Hilton</b>		Transaction ID: 61023.E19733 Date of Disbursement 10 / 13 / 2006	
Mailing Address 720 S. Michigan Ave.		Amount of Each Disbursement this Period 157.34	
City Chicago State IL Zip Code 60605-	Purpose of Disbursement FUNDRAISING EXPENSE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: FUNDRAISING EXPENSE	

Full Name (Last, First, Middle Initial) <b>C. Chicago Hilton</b>		Transaction ID: 61023.E19728 Date of Disbursement 10 / 13 / 2006	
Mailing Address 720 S. Michigan Ave.		Amount of Each Disbursement this Period 38.00	
City Chicago State IL Zip Code 60605-	Purpose of Disbursement FUNDRAISING EXPENSE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: FUNDRAISING EXPENSE	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Hastert for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. Chicago Hilton</b>		Transaction ID: 61023.E19730 Date of Disbursement 10 / 13 / 2006	
Mailing Address 720 S. Michigan Ave.		Amount of Each Disbursement this Period 10000.00	
City Chicago State IL Zip Code 60605-	Purpose of Disbursement FUNDRAISING EXPENSE Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>[MEMO ITEM]</b> MEMO: FUNDRAISING EXPENSE	

Full Name (Last, First, Middle Initial) <b>B. Chicago Hilton</b>		Transaction ID: 61023.E19729 Date of Disbursement 10 / 13 / 2006	
Mailing Address 720 S. Michigan Ave.		Amount of Each Disbursement this Period 48.79	
City Chicago State IL Zip Code 60605-	Purpose of Disbursement FUNDRAISING EXPENSE Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>[MEMO ITEM]</b> MEMO: FUNDRAISING EXPENSE	

Full Name (Last, First, Middle Initial) <b>C. Chicago Hilton</b>		Transaction ID: 61023.E19732 Date of Disbursement 10 / 13 / 2006	
Mailing Address 720 S. Michigan Ave.		Amount of Each Disbursement this Period 817.74	
City Chicago State IL Zip Code 60605-	Purpose of Disbursement FUNDRAISING EXPENSE Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>[MEMO ITEM]</b> MEMO: FUNDRAISING EXPENSE	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

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

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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)  
Hastert for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. Chicago Hilton</b>		<b>Transaction ID:</b> 61025.E19893 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 720 S. Michigan Ave.		Amount of Each Disbursement this Period 22.00
City Chicago State IL Zip Code 60605-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FUNDRAISING EXPENSE	Candidate Name	<b>[MEMO ITEM]</b> MEMO: FUNDRAISING EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Chicago Hilton</b>		<b>Transaction ID:</b> 61023.E19731 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 720 S. Michigan Ave.		Amount of Each Disbursement this Period 633.06
City Chicago State IL Zip Code 60605-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FUNDRAISING EXPENSE	Candidate Name	<b>[MEMO ITEM]</b> MEMO: FUNDRAISING EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Chicago Hilton</b>		<b>Transaction ID:</b> 61023.E19828 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 720 S. Michigan Ave.		Amount of Each Disbursement this Period 41.00
City Chicago State IL Zip Code 60605-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FUNDRAISING EXPENSE	Candidate Name	<b>[MEMO ITEM]</b> MEMO: FUNDRAISING EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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ITEMIZED DISBURSEMENTS**

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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)  
Hastert for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. Chicago Hilton</b>		Transaction ID: 61023.E19734 Date of Disbursement 10 / 13 / 2006
Mailing Address 720 S. Michigan Ave.		Amount of Each Disbursement this Period 5000.00
City Chicago State IL Zip Code 60605-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FUNDRAISING EXPENSE	Candidate Name	<b>[MEMO ITEM]</b> MEMO: FUNDRAISING EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Chicago Hilton</b>		Transaction ID: 61023.E19742 Date of Disbursement 10 / 13 / 2006
Mailing Address 720 S. Michigan Ave.		Amount of Each Disbursement this Period 266.23
City Chicago State IL Zip Code 60605-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FUNDRAISING EXPENSE	Candidate Name	<b>[MEMO ITEM]</b> MEMO: FUNDRAISING EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Chicago Hilton</b>		Transaction ID: 61023.E19735 Date of Disbursement 10 / 13 / 2006
Mailing Address 720 S. Michigan Ave.		Amount of Each Disbursement this Period 22.00
City Chicago State IL Zip Code 60605-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FUNDRAISING EXPENSE	Candidate Name	<b>[MEMO ITEM]</b> MEMO: FUNDRAISING EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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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)  
Hastert for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. Daily Herald</b>		Transaction ID: 61023.E19839 Date of Disbursement 10 / 13 / 2006
Mailing Address P. O. Box 280 155 E. Algonquin Rd.		Amount of Each Disbursement this Period 1291.11
City Arlington Heights State IL Zip Code 60005-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement ADVERTISING	Candidate Name	<b>[MEMO ITEM]</b> MEMO: ADVERTISING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Dell Computers</b>		Transaction ID: 61023.E19796 Date of Disbursement 10 / 13 / 2006
Mailing Address One Dell Way		Amount of Each Disbursement this Period 82.86
City Austin State TX Zip Code 78768-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement COMPUTER SUPPLIES	Candidate Name	<b>[MEMO ITEM]</b> MEMO: COMPUTER SUPPLIES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Discount Mugs</b>		Transaction ID: 61025.E19901 Date of Disbursement 10 / 13 / 2006
Mailing Address 6905 NW 25th St.		Amount of Each Disbursement this Period 1561.40
City Miami State FL Zip Code 33122-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FUNDRAISING EXPENSE	Candidate Name	<b>[MEMO ITEM]</b> MEMO: FUNDRAISING EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<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)  
Hastert for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. El Taco Grande</b>		Transaction ID: 61023.E19741 Date of Disbursement 10 / 13 / 2006	
Mailing Address 6 N. River St.		Amount of Each Disbursement this Period 63.04	
City Batavia State IL Zip Code 60510-	Purpose of Disbursement MEETING EXPENSE Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: MEETING EXPENSE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Exxon Mobil Station</b>		Transaction ID: 61023.E19726 Date of Disbursement 10 / 13 / 2006	
Mailing Address Rt. 34		Amount of Each Disbursement this Period 29.55	
City Plano State IL Zip Code 60545-	Purpose of Disbursement TRAVEL EXPENSE Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. FTD.com</b>		Transaction ID: 61023.E19813 Date of Disbursement 10 / 13 / 2006	
Mailing Address 3113 Woodcreek Dr.		Amount of Each Disbursement this Period 101.96	
City Downers Grove State IL Zip Code 60515-	Purpose of Disbursement FUNDRAISING EXPENSE Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: FUNDRAISING EXPENSE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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Detailed Summary Page

FOR LINE NUMBER:  
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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)  
Hastert for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. Fat Boys Pub</b>		Transaction ID: 61025.E19887 Date of Disbursement 10 / 13 / 2006	
Mailing Address 1312 W. Lincoln Hwy.		Amount of Each Disbursement this Period 48.78	
City Dekalb State IL Zip Code 60115-	Purpose of Disbursement MEETING EXPENSE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: MEETING EXPENSE	

Full Name (Last, First, Middle Initial) <b>B. Hertz Rent-a-Car</b>		Transaction ID: 61023.E19779 Date of Disbursement 10 / 13 / 2006	
Mailing Address OHare Airport		Amount of Each Disbursement this Period 438.59	
City Chicago State IL Zip Code 60611-	Purpose of Disbursement TRAVEL EXPENSE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSE	

Full Name (Last, First, Middle Initial) <b>C. Hertz Rent-a-Car</b>		Transaction ID: 61023.E19784 Date of Disbursement 10 / 13 / 2006	
Mailing Address 18601 N. Airport Way		Amount of Each Disbursement this Period 353.92	
City Orange State CA Zip Code 92865-	Purpose of Disbursement TRAVEL EXPENSE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSE	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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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)  
Hastert for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. Hertz Rent-a-Car</b>		Transaction ID: 61023.E19749 Date of Disbursement 10 / 13 / 2006	
Mailing Address 2621 S. High School Rd.		Amount of Each Disbursement this Period 244.22	
City Indianapolis State IN Zip Code 46241-	Purpose of Disbursement TRAVEL EXPENSE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSE	

Full Name (Last, First, Middle Initial) <b>B. Hertz Rent-a-Car</b>		Transaction ID: 61023.E19769 Date of Disbursement 10 / 13 / 2006	
Mailing Address 2200 Airport Blvd.		Amount of Each Disbursement this Period 230.90	
City San Jose State CA Zip Code 95110-	Purpose of Disbursement TRAVEL EXPENSE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSE	

Full Name (Last, First, Middle Initial) <b>C. Hertz Rent-a-Car</b>		Transaction ID: 61023.E19756 Date of Disbursement 10 / 13 / 2006	
Mailing Address 2200 Airport Blvd.		Amount of Each Disbursement this Period 169.34	
City San Jose State CA Zip Code 95110-	Purpose of Disbursement TRAVEL EXPENSE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSE	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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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)  
Hastert for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. Hertz Rent-a-Car</b>		Transaction ID: 61023.E19760 Date of Disbursement 10 / 13 / 2006	
Mailing Address 2200 Airport Blvd.		Amount of Each Disbursement this Period 229.39	
City San Jose State CA Zip Code 95110-	Purpose of Disbursement TRAVEL EXPENSE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSE	

Full Name (Last, First, Middle Initial) <b>B. Hertz Rent-a-Car</b>		Transaction ID: 61023.E19773 Date of Disbursement 10 / 13 / 2006	
Mailing Address 2801 W. Ferguson Rd.		Amount of Each Disbursement this Period 523.32	
City Fort Wayne State IN Zip Code 46809-	Purpose of Disbursement TRAVEL EXPENSE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSE	

Full Name (Last, First, Middle Initial) <b>C. Hilton Hotel</b>		Transaction ID: 61023.E19738 Date of Disbursement 10 / 13 / 2006	
Mailing Address 700 E. Adams		Amount of Each Disbursement this Period 165.00	
City Springfield State IL Zip Code 62701-	Purpose of Disbursement TRAVEL EXPENSE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSE	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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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)  
Hastert for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. Hilton Hotel</b>		Transaction ID: 61023.E19739 Date of Disbursement 10 / 13 / 2006	
Mailing Address 700 E. Adams		Amount of Each Disbursement this Period 170.20	
City Springfield State IL Zip Code 62701-	Purpose of Disbursement TRAVEL EXPENSE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSE	

Full Name (Last, First, Middle Initial) <b>B. Hilton Hotel</b>		Transaction ID: 61023.E19737 Date of Disbursement 10 / 13 / 2006	
Mailing Address 700 E. Adams		Amount of Each Disbursement this Period 165.00	
City Springfield State IL Zip Code 62701-	Purpose of Disbursement TRAVEL EXPENSE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSE	

Full Name (Last, First, Middle Initial) <b>C. Hilton Hotel</b>		Transaction ID: 61025.E19886 Date of Disbursement 10 / 13 / 2006	
Mailing Address 700 E. Adams		Amount of Each Disbursement this Period 163.90	
City Springfield State IL Zip Code 62701-	Purpose of Disbursement TRAVEL EXPENSE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSE	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

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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)  
Hastert for Congress Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Hilton Hotel</p>		<p><b>Transaction ID:</b> 61023.E19736 <b>Date of Disbursement</b>  <table border="1"> <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>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> </p>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	3		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		1	3		2	0	0	6														
<p>Mailing Address 700 E. Adams</p>		<p>Amount of Each Disbursement this Period  <table border="1"> <tr> <td>165.00</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                 </p>		165.00																			
165.00																							
<p>City Springfield State IL Zip Code 62701-</p>	<p>Purpose of Disbursement TRAVEL EXPENSE</p>	<p>Category/Type</p>																					
<p>Candidate Name</p>	<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President                  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																						
<p>State: District:</p>	<p><b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSE</p>																						

<p><b>B.</b> Full Name (Last, First, Middle Initial) Hilton Hotel</p>		<p><b>Transaction ID:</b> 61023.E19785 <b>Date of Disbursement</b>  <table border="1"> <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>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> </p>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	3		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		1	3		2	0	0	6														
<p>Mailing Address 18800 MacArthur Blvd.</p>		<p>Amount of Each Disbursement this Period  <table border="1"> <tr> <td>307.98</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                 </p>		307.98																			
307.98																							
<p>City Irvine State CA Zip Code 92612-</p>	<p>Purpose of Disbursement TRAVEL EXPENSE</p>	<p>Category/Type</p>																					
<p>Candidate Name</p>	<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President                  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																						
<p>State: District:</p>	<p><b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSE</p>																						

<p><b>C.</b> Full Name (Last, First, Middle Initial) Hilton Hotel</p>		<p><b>Transaction ID:</b> 61023.E19786 <b>Date of Disbursement</b>  <table border="1"> <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>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> </p>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	3		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		1	3		2	0	0	6														
<p>Mailing Address 18800 MacArthur Blvd.</p>		<p>Amount of Each Disbursement this Period  <table border="1"> <tr> <td>252.01</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                 </p>		252.01																			
252.01																							
<p>City Irvine State CA Zip Code 92612-</p>	<p>Purpose of Disbursement TRAVEL EXPENSE</p>	<p>Category/Type</p>																					
<p>Candidate Name</p>	<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President                  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																						
<p>State: District:</p>	<p><b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSE</p>																						

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>0.00</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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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)  
Hastert for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. Hilton Santa Clara</b>		<b>Transaction ID:</b> 61023.E19758 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 4949 Great America Parkway		Amount of Each Disbursement this Period 284.68 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Santa Clara State CA Zip Code 95054-	Category/Type	
Purpose of Disbursement TRAVEL EXPENSE Candidate Name		<b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Hyatt Regency Hotel</b>		<b>Transaction ID:</b> 61023.E19811 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 400 New Jersey Ave.		Amount of Each Disbursement this Period 6178.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20001-	Category/Type	
Purpose of Disbursement FUNDRAISING EXPENSE Candidate Name		<b>[MEMO ITEM]</b> MEMO: FUNDRAISING EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Hyatt Regency Hotel</b>		<b>Transaction ID:</b> 61023.E19845 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 400 New Jersey Ave.		Amount of Each Disbursement this Period 111.36 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20001-	Category/Type	
Purpose of Disbursement FUNDRAISING EXPENSE Candidate Name		<b>[MEMO ITEM]</b> MEMO: FUNDRAISING EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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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)  
Hastert for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. Hyatt Regency Hotel</b>		Transaction ID: 61025.E19898 Date of Disbursement 10 / 13 / 2006	
Mailing Address 400 New Jersey Ave.		Amount of Each Disbursement this Period 44.95	
City Washington State DC Zip Code 20001-	Purpose of Disbursement FUNDRAISING EXPENSE Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>[MEMO ITEM]</b> MEMO: FUNDRAISING EXPENSE	

Full Name (Last, First, Middle Initial) <b>B. Little Traveler</b>		Transaction ID: 61023.E19814 Date of Disbursement 10 / 13 / 2006	
Mailing Address 404 S. Third Street		Amount of Each Disbursement this Period 105.44	
City Geneva State IL Zip Code 60134-	Purpose of Disbursement FUNDRAISING EXPENSE Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>[MEMO ITEM]</b> MEMO: FUNDRAISING EXPENSE	

Full Name (Last, First, Middle Initial) <b>C. Liturgical Publications</b>		Transaction ID: 61023.E19795 Date of Disbursement 10 / 13 / 2006	
Mailing Address P. O. Box 51087		Amount of Each Disbursement this Period 1000.00	
City New Berlin State WI Zip Code 53151-	Purpose of Disbursement ADVERTISING Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>[MEMO ITEM]</b> MEMO: ADVERTISING	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<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)  
Hastert for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. M&amp;M Special Events</b>		<b>Transaction ID:</b> 61023.E19842 <b>Date of Disbursement</b> 10 / 13 / 2006
Mailing Address 493 Mission St.		Amount of Each Disbursement this Period 60.72
City Carol Stream State IL Zip Code 60188-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FUNDRAISING EXPENSE	Candidate Name	<b>[MEMO ITEM]</b> MEMO: FUNDRAISING EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. M&amp;M Special Events</b>		<b>Transaction ID:</b> 61023.E19841 <b>Date of Disbursement</b> 10 / 13 / 2006
Mailing Address 493 Mission St.		Amount of Each Disbursement this Period 1245.05
City Carol Stream State IL Zip Code 60188-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FUNDRAISING EXPENSE	Candidate Name	<b>[MEMO ITEM]</b> MEMO: FUNDRAISING EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Northwest Airlines</b>		<b>Transaction ID:</b> 61023.E19753 <b>Date of Disbursement</b> 10 / 13 / 2006
Mailing Address 7500 Airlines Dr.		Amount of Each Disbursement this Period 100.00
City Minneapolis State MN Zip Code 55450-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TRAVEL EXPENSE	Candidate Name	<b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<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)  
Hastert for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. Northwest Airlines</b>		Transaction ID: 61023.E19752 Date of Disbursement 10 / 13 / 2006	
Mailing Address 7500 Airlines Dr.		Amount of Each Disbursement this Period 100.00	
City Minneapolis State MN Zip Code 55450-	Purpose of Disbursement TRAVEL EXPENSE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSE	

Full Name (Last, First, Middle Initial) <b>B. OBriens Pub</b>		Transaction ID: 61025.E19872 Date of Disbursement 10 / 13 / 2006	
Mailing Address 12 N. River St.		Amount of Each Disbursement this Period 59.70	
City Batavia State IL Zip Code 60510-	Purpose of Disbursement MEETING EXPENSE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: MEETING EXPENSE	

Full Name (Last, First, Middle Initial) <b>C. OHare Parking</b>		Transaction ID: 61025.E19900 Date of Disbursement 10 / 13 / 2006	
Mailing Address OHare Airport		Amount of Each Disbursement this Period 116.00	
City Chicago State IL Zip Code 60610-	Purpose of Disbursement TRAVEL EXPENSE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSE	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Hastert for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. OHare Parking</b>		Transaction ID: 61023.E19846 Date of Disbursement 10 / 13 / 2006	
Mailing Address OHare Airport		Amount of Each Disbursement this Period 92.00	
City Chicago State IL Zip Code 60610-	Purpose of Disbursement TRAVEL EXPENSE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSE	

Full Name (Last, First, Middle Initial) <b>B. Oceanaire Seafood</b>		Transaction ID: 61023.E19831 Date of Disbursement 10 / 13 / 2006	
Mailing Address 1201 F St., NW		Amount of Each Disbursement this Period 1950.51	
City Washington State DC Zip Code 20004-	Purpose of Disbursement MEETING EXPENSE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: MEETING EXPENSE	

Full Name (Last, First, Middle Initial) <b>C. Office Depot</b>		Transaction ID: 61025.E19867 Date of Disbursement 10 / 13 / 2006	
Mailing Address 1964 W. Fabyan Parkway		Amount of Each Disbursement this Period 583.11	
City Geneva State IL Zip Code 60134-	Purpose of Disbursement OFFICE SUPPLIES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: OFFICE SUPPLIES	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<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)  
Hastert for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. Office Depot</b>		Transaction ID: 61025.E19866 Date of Disbursement 10 / 13 / 2006
Mailing Address 1964 W. Fabyan Parkway		Amount of Each Disbursement this Period 98.41
City Geneva State IL Zip Code 60134-	Purpose of Disbursement OFFICE SUPPLIES Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: OFFICE SUPPLIES

Full Name (Last, First, Middle Initial) <b>B. Office Depot</b>		Transaction ID: 61025.E19868 Date of Disbursement 10 / 13 / 2006
Mailing Address 1964 W. Fabyan Parkway		Amount of Each Disbursement this Period 92.84
City Geneva State IL Zip Code 60134-	Purpose of Disbursement OFFICE SUPPLIES Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: OFFICE SUPPLIES

Full Name (Last, First, Middle Initial) <b>C. Office Max</b>		Transaction ID: 61023.E19802 Date of Disbursement 10 / 13 / 2006
Mailing Address 321 N. Randall Rd.		Amount of Each Disbursement this Period 60.94
City Batavia State IL Zip Code 60510-	Purpose of Disbursement OFFICE SUPPLIES Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: OFFICE SUPPLIES

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<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)  
Hastert for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. Office Max</b>		Transaction ID: 61025.E19888 Date of Disbursement 10 / 13 / 2006	
Mailing Address 321 N. Randall Rd.		Amount of Each Disbursement this Period 42.79	
City Batavia State IL Zip Code 60510-	Purpose of Disbursement OFFICE SUPPLIES Candidate Name Category/Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: OFFICE SUPPLIES	

Full Name (Last, First, Middle Initial) <b>B. Office Max</b>		Transaction ID: 61023.E19801 Date of Disbursement 10 / 13 / 2006	
Mailing Address 321 N. Randall Rd.		Amount of Each Disbursement this Period 33.94	
City Batavia State IL Zip Code 60510-	Purpose of Disbursement OFFICE SUPPLIES Candidate Name Category/Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: OFFICE SUPPLIES	

Full Name (Last, First, Middle Initial) <b>C. Office Max</b>		Transaction ID: 61023.E19800 Date of Disbursement 10 / 13 / 2006	
Mailing Address 321 N. Randall Rd.		Amount of Each Disbursement this Period -281.39	
City Batavia State IL Zip Code 60510-	Purpose of Disbursement CREDIT Candidate Name Category/Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: CREDIT	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<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)  
Hastert for Congress Committee

<b>A. OnStar</b> Full Name (Last, First, Middle Initial) Mailing Address 1400 Stephenson Hwy. City Troy State MI Zip Code 48083- Purpose of Disbursement CELLULAR PHONE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 61023.E19774 Date of Disbursement 10 / 13 / 2006 Amount of Each Disbursement this Period 17.22 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: CELLULAR PHONE
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<b>B. OnStar</b> Full Name (Last, First, Middle Initial) Mailing Address 1400 Stephenson Hwy. City Troy State MI Zip Code 48083- Purpose of Disbursement CELLULAR PHONE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 61023.E19775 Date of Disbursement 10 / 13 / 2006 Amount of Each Disbursement this Period 16.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: CELLULAR PHONE
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<b>C. One East Wilson/Jonsey Ent.</b> Full Name (Last, First, Middle Initial) Mailing Address 1 E. Wilson City Batavia State IL Zip Code 60510- Purpose of Disbursement MEETING EXPENSE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 61025.E19892 Date of Disbursement 10 / 14 / 2006 Amount of Each Disbursement this Period 23.47 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: MEETING EXPENSE
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Hastert for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. Panera Bread Co.</b>		Transaction ID: 61023.E19805 Date of Disbursement 10 / 13 / 2006	
Mailing Address 154 W. Wilson St.		Amount of Each Disbursement this Period 33.51	
City Batavia State IL Zip Code 60510-	Purpose of Disbursement FOOD FOR CAMPAIGN VOLUNTEERS	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: FOOD FOR CAMPAIGN VOLUNTEERS	

Full Name (Last, First, Middle Initial) <b>B. Panera Bread Co.</b>		Transaction ID: 61023.E19803 Date of Disbursement 10 / 13 / 2006	
Mailing Address 154 W. Wilson St.		Amount of Each Disbursement this Period 8.97	
City Batavia State IL Zip Code 60510-	Purpose of Disbursement MEETING EXPENSE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: MEETING EXPENSE	

Full Name (Last, First, Middle Initial) <b>C. Panera Bread Co.</b>		Transaction ID: 61023.E19806 Date of Disbursement 10 / 13 / 2006	
Mailing Address 154 W. Wilson St.		Amount of Each Disbursement this Period 3.19	
City Batavia State IL Zip Code 60510-	Purpose of Disbursement MEETING EXPENSE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: MEETING EXPENSE	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Hastert for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. Panera Bread Co.</b>		Transaction ID: 61023.E19804 Date of Disbursement 10 / 13 / 2006	
Mailing Address 154 W. Wilson St.		Amount of Each Disbursement this Period 23.50	
City Batavia State IL Zip Code 60510-	Purpose of Disbursement FOOD FOR CAMPAIGN VOLUNTEERS	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: FOOD FOR CAMPAIGN VOLUNTEERS	

Full Name (Last, First, Middle Initial) <b>B. Panera Bread Co.</b>		Transaction ID: 61023.E19810 Date of Disbursement 10 / 13 / 2006	
Mailing Address 154 W. Wilson St.		Amount of Each Disbursement this Period 52.18	
City Batavia State IL Zip Code 60510-	Purpose of Disbursement FOOD FOR CAMPAIGN VOLUNTEERS	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: FOOD FOR CAMPAIGN VOLUNTEERS	

Full Name (Last, First, Middle Initial) <b>C. Panera Bread Co.</b>		Transaction ID: 61023.E19808 Date of Disbursement 10 / 13 / 2006	
Mailing Address 154 W. Wilson St.		Amount of Each Disbursement this Period 14.20	
City Batavia State IL Zip Code 60510-	Purpose of Disbursement FOOD FOR CAMPAIGN VOLUNTEERS	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: FOOD FOR CAMPAIGN VOLUNTEERS	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Hastert for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. Panera Bread Co.</b>		Transaction ID: 61023.E19807 Date of Disbursement 10 / 13 / 2006	
Mailing Address 154 W. Wilson St.		Amount of Each Disbursement this Period 21.50	
City Batavia State IL Zip Code 60510-	Purpose of Disbursement FOOD FOR CAMPAIGN VOLUNTEERS	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: FOOD FOR CAMPAIGN VOLUNTEERS	

Full Name (Last, First, Middle Initial) <b>B. Panera Bread Co.</b>		Transaction ID: 61023.E19809 Date of Disbursement 10 / 13 / 2006	
Mailing Address 154 W. Wilson St.		Amount of Each Disbursement this Period 1.81	
City Batavia State IL Zip Code 60510-	Purpose of Disbursement MEETING EXPENSE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: MEETING EXPENSE	

Full Name (Last, First, Middle Initial) <b>C. Park N Fly</b>		Transaction ID: 61023.E19781 Date of Disbursement 10 / 13 / 2006	
Mailing Address Los Angeles Airport		Amount of Each Disbursement this Period 55.92	
City Los Angeles State CA Zip Code 90045-	Purpose of Disbursement TRAVEL EXPENSE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSE	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<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)  
Hastert for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. Phoenix Park Hotel</b>		Transaction ID: 61023.E19832 Date of Disbursement 10 / 13 / 2006
Mailing Address 520 North Capitol Street, N.W.		Amount of Each Disbursement this Period 5158.00
City Washington State DC Zip Code 20001-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FUNDRAISING EXPENSE	Candidate Name	<b>[MEMO ITEM]</b> MEMO: FUNDRAISING EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Restaurant Tecalitlan</b>		Transaction ID: 61023.E19724 Date of Disbursement 10 / 13 / 2006
Mailing Address 35 S. Broadway St.		Amount of Each Disbursement this Period 25.86
City Aurora State IL Zip Code 60506-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MEETING EXPENSE	Candidate Name	<b>[MEMO ITEM]</b> MEMO: MEETING EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Service Sanitation</b>		Transaction ID: 61023.E19797 Date of Disbursement 10 / 13 / 2006
Mailing Address 1444 N. Farnsworth Ave., Ste. 117		Amount of Each Disbursement this Period 270.00
City Aurora State IL Zip Code 60505-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FUNDRAISING EXPENSE	Candidate Name	<b>[MEMO ITEM]</b> MEMO: FUNDRAISING EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Hastert for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. St. Elmo Steakhouse</b>		Transaction ID: 61023.E19748 Date of Disbursement 10 / 13 / 2006	
Mailing Address 127 S. Illinois		Amount of Each Disbursement this Period 183.00	
City Indianapolis State IN Zip Code 46225-	Purpose of Disbursement FUNDRAISING EXPENSE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: FUNDRAISING EXPENSE	

Full Name (Last, First, Middle Initial) <b>B. St. Elmo Steakhouse</b>		Transaction ID: 61023.E19747 Date of Disbursement 10 / 13 / 2006	
Mailing Address 127 S. Illinois		Amount of Each Disbursement this Period 244.00	
City Indianapolis State IN Zip Code 46225-	Purpose of Disbursement FUNDRAISING EXPENSE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: FUNDRAISING EXPENSE	

Full Name (Last, First, Middle Initial) <b>C. Standard Parking</b>		Transaction ID: 61025.E19894 Date of Disbursement 10 / 13 / 2006	
Mailing Address 401 N. State		Amount of Each Disbursement this Period 23.00	
City Chicago State IL Zip Code 60610-	Purpose of Disbursement TRAVEL EXPENSE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSE	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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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)  
Hastert for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. Stocks &amp; Blondes Bar &amp; Grille</b>		Transaction ID: 61025.E19895 Date of Disbursement 10 / 13 / 2006	
Mailing Address 40 N.Wells		Amount of Each Disbursement this Period 23.00	
City Chicago State IL Zip Code 60606-	Purpose of Disbursement MEETING EXPENSE Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: MEETING EXPENSE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. The Fairmont Hotel</b>		Transaction ID: 61023.E19764 Date of Disbursement 10 / 13 / 2006	
Mailing Address 170 S. Market St.		Amount of Each Disbursement this Period 189.40	
City San Jose State CA Zip Code 95113-	Purpose of Disbursement TRAVEL EXPENSE Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. The Fairmont Hotel</b>		Transaction ID: 61023.E19763 Date of Disbursement 10 / 13 / 2006	
Mailing Address 170 S. Market St.		Amount of Each Disbursement this Period 187.90	
City San Jose State CA Zip Code 95113-	Purpose of Disbursement TRAVEL EXPENSE Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Hastert for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. The Fairmont Hotel</b>		<b>Transaction ID:</b> 61023.E19762 <b>Date of Disbursement</b> 10 / 13 / 2006
Mailing Address 170 S. Market St.		Amount of Each Disbursement this Period 2.35
City San Jose State CA Zip Code 95113-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TRAVEL EXPENSE	Candidate Name	<b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. The Fairmont Hotel</b>		<b>Transaction ID:</b> 61023.E19766 <b>Date of Disbursement</b> 10 / 13 / 2006
Mailing Address 170 S. Market St.		Amount of Each Disbursement this Period 284.51
City San Jose State CA Zip Code 95113-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TRAVEL EXPENSE	Candidate Name	<b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. The Fairmont Hotel</b>		<b>Transaction ID:</b> 61023.E19765 <b>Date of Disbursement</b> 10 / 13 / 2006
Mailing Address 170 S. Market St.		Amount of Each Disbursement this Period 201.90
City San Jose State CA Zip Code 95113-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TRAVEL EXPENSE	Candidate Name	<b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

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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)  
Hastert for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. The Island Hotel</b>		<b>Transaction ID:</b> 61023.E19789 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 690 Newport Center Dr.		Amount of Each Disbursement this Period 372.59
City Newport Beach State CA Zip Code 92660-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TRAVEL EXPENSE	Candidate Name	<b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. The Island Hotel</b>		<b>Transaction ID:</b> 61023.E19790 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 690 Newport Center Dr.		Amount of Each Disbursement this Period 357.50
City Newport Beach State CA Zip Code 92660-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TRAVEL EXPENSE	Candidate Name	<b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. The Island Hotel</b>		<b>Transaction ID:</b> 61023.E19788 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 690 Newport Center Dr.		Amount of Each Disbursement this Period 747.79
City Newport Beach State CA Zip Code 92660-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TRAVEL EXPENSE	Candidate Name	<b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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ITEMIZED DISBURSEMENTS**

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<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)  
Hastert for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. The Island Hotel</b>		Transaction ID: 61023.E19787 Date of Disbursement 10 / 13 / 2006
Mailing Address 690 Newport Center Dr.		Amount of Each Disbursement this Period 427.35
City Newport Beach State CA Zip Code 92660-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TRAVEL EXPENSE	Category/ Type	<b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSE
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Tortilla Coast</b>		Transaction ID: 61023.E19844 Date of Disbursement 10 / 13 / 2006
Mailing Address 401 1st St., SE		Amount of Each Disbursement this Period 71.35
City Washington State DC Zip Code 20003-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MEETING EXPENSE	Category/ Type	<b>[MEMO ITEM]</b> MEMO: MEETING EXPENSE
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. United Airlines</b>		Transaction ID: 61023.E19821 Date of Disbursement 10 / 13 / 2006
Mailing Address On-line Ticketing		Amount of Each Disbursement this Period 15.00
City Sterling State VA Zip Code 20164-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TRAVEL EXPENSE	Category/ Type	<b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSE
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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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)  
Hastert for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. United Airlines</b>		Transaction ID: 61023.E19819 Date of Disbursement 10 / 13 / 2006	
Mailing Address    On-line Ticketing		Amount of Each Disbursement this Period 348.60	
City Sterling	State VA	Zip Code 20164-	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSE
Purpose of Disbursement TRAVEL EXPENSE		Category/ Type	
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State:    District:		

Full Name (Last, First, Middle Initial) <b>B. United Airlines</b>		Transaction ID: 61023.E19822 Date of Disbursement 10 / 13 / 2006	
Mailing Address    On-line Ticketing		Amount of Each Disbursement this Period 553.61	
City Sterling	State VA	Zip Code 20164-	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSE
Purpose of Disbursement TRAVEL EXPENSE		Category/ Type	
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State:    District:		

Full Name (Last, First, Middle Initial) <b>C. United Airlines</b>		Transaction ID: 61023.E19820 Date of Disbursement 10 / 13 / 2006	
Mailing Address    On-line Ticketing		Amount of Each Disbursement this Period 348.60	
City Sterling	State VA	Zip Code 20164-	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSE
Purpose of Disbursement TRAVEL EXPENSE		Category/ Type	
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State:    District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....



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

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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)  
Hastert for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. United Airlines</b>		Transaction ID: 61023.E19824 Date of Disbursement 10 / 13 / 2006	
Mailing Address On-line Ticketing		Amount of Each Disbursement this Period 348.60	
City Sterling State VA Zip Code 20164-		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/>	
Purpose of Disbursement TRAVEL EXPENSE		<input type="checkbox"/>	
Candidate Name		Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**[MEMO ITEM]**  
MEMO: TRAVEL EXPENSE

Full Name (Last, First, Middle Initial) <b>B. United Airlines</b>		Transaction ID: 61023.E19825 Date of Disbursement 10 / 13 / 2006	
Mailing Address On-line Ticketing		Amount of Each Disbursement this Period 25.00	
City Sterling State VA Zip Code 20164-		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/>	
Purpose of Disbursement TRAVEL EXPENSE		<input type="checkbox"/>	
Candidate Name		Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**[MEMO ITEM]**  
MEMO: TRAVEL EXPENSE

Full Name (Last, First, Middle Initial) <b>C. United Airlines</b>		Transaction ID: 61023.E19843 Date of Disbursement 10 / 13 / 2006	
Mailing Address On-line Ticketing		Amount of Each Disbursement this Period 25.00	
City Sterling State VA Zip Code 20164-		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/>	
Purpose of Disbursement TRAVEL EXPENSE		<input type="checkbox"/>	
Candidate Name		Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**[MEMO ITEM]**  
MEMO: TRAVEL EXPENSE

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<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)  
Hastert for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. United Airlines</b>		<b>Transaction ID:</b> 61023.E19823 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address    On-line Ticketing		Amount of Each Disbursement this Period 25.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Sterling	State    Zip Code VA    20164-	
Purpose of Disbursement TRAVEL EXPENSE		<b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:    District:		

Full Name (Last, First, Middle Initial) <b>B. United Airlines</b>		<b>Transaction ID:</b> 61026.E19922 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address    On-line Ticketing		Amount of Each Disbursement this Period 243.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Sterling	State    Zip Code VA    20164-	
Purpose of Disbursement TRAVEL EXPENSE		<b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:    District:		

Full Name (Last, First, Middle Initial) <b>C. United Airlines</b>		<b>Transaction ID:</b> 61023.E19826 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address    On-line Ticketing		Amount of Each Disbursement this Period 34.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Sterling	State    Zip Code VA    20164-	
Purpose of Disbursement TRAVEL EXPENSE		<b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:    District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<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)  
Hastert for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. Venice Tavern</b>		Transaction ID: 61023.E19799 Date of Disbursement 10 / 13 / 2006
Mailing Address 31 N. River		Amount of Each Disbursement this Period 24.76
City Batavia State IL Zip Code 60510-	Purpose of Disbursement MEETING EXPENSE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: MEETING EXPENSE

Full Name (Last, First, Middle Initial) <b>B. Venice Tavern</b>		Transaction ID: 61023.E19798 Date of Disbursement 10 / 13 / 2006
Mailing Address 31 N. River		Amount of Each Disbursement this Period 54.81
City Batavia State IL Zip Code 60510-	Purpose of Disbursement MEETING EXPENSE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: MEETING EXPENSE

Full Name (Last, First, Middle Initial) <b>C. Verizon Wireless</b>		Transaction ID: 61025.E19876 Date of Disbursement 10 / 13 / 2006
Mailing Address P. O. Box 6170		Amount of Each Disbursement this Period 32.08
City Carol Stream State IL Zip Code 60197-6170	Purpose of Disbursement CELLULAR PHONE EQUIPMENT Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: CELLULAR PHONE EQUIPMENT

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<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)  
Hastert for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. Wal-Mart Superstore</b>		Transaction ID: 61023.E19815 Date of Disbursement 10 / 13 / 2006
Mailing Address Rt. 34		Amount of Each Disbursement this Period 28.74
City Plano State IL Zip Code 60545-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FUNDRAISING EXPENSE	Candidate Name	<b>[MEMO ITEM]</b> MEMO: FUNDRAISING EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Wal-Mart Superstore</b>		Transaction ID: 61023.E19816 Date of Disbursement 10 / 13 / 2006
Mailing Address Rt. 34		Amount of Each Disbursement this Period 64.12
City Plano State IL Zip Code 60545-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FUNDRAISING EXPENSE	Candidate Name	<b>[MEMO ITEM]</b> MEMO: FUNDRAISING EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Walgreens-Batavia</b>		Transaction ID: 61023.E19740 Date of Disbursement 10 / 13 / 2006
Mailing Address 142 W. Wilson St.		Amount of Each Disbursement this Period 38.94
City Batavia State IL Zip Code 60510-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement OFFICE SUPPLIES	Candidate Name	<b>[MEMO ITEM]</b> MEMO: OFFICE SUPPLIES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<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)  
Hastert for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. Cingular Wireless</b>		Transaction ID: 61023.E19860 Date of Disbursement 10 / 05 / 2006
Mailing Address P. O. Box 6428		Amount of Each Disbursement this Period 583.83
City Carol Stream State IL Zip Code 60197-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CELLULAR PHONE	Candidate Name	CELLULAR PHONE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. City of Batavia</b>		Transaction ID: 61005.E19347 Date of Disbursement 10 / 03 / 2006
Mailing Address 100 N. Island Ave		Amount of Each Disbursement this Period 249.29
City Batavia State IL Zip Code 60510-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement UTILITIES	Candidate Name	UTILITIES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Jennifer Cloyd</b>		Transaction ID: 61025.E19914 Date of Disbursement 10 / 02 / 2006
Mailing Address 0S965 W. Burnham Ln.		Amount of Each Disbursement this Period 2800.00
City Geneva State IL Zip Code 60134-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SALARY	Candidate Name	SALARY
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3633.12
<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)  
Hastert for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. Computer Services &amp; Networking</b>		<b>Transaction ID:</b> 61005.E19349 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 6
Mailing Address 1172 Cactus Trail		Amount of Each Disbursement this Period 387.50
City Carol Stream State IL Zip Code 60188-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement COMPUTER REPAIR	Candidate Name	COMPUTER REPAIR
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Michael Connolly</b>		<b>Transaction ID:</b> 61005.E19337 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 6
Mailing Address 2812 Cameron Rd.		Amount of Each Disbursement this Period 1000.00
City Falls Church State VA Zip Code 22042-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement COMMUNICATIONS CONSULTANT	Candidate Name	COMMUNICATIONS CONSULTANT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Country Mutual Ins. Co.</b>		<b>Transaction ID:</b> 61005.E19340 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 6
Mailing Address P.O. Box 2100		Amount of Each Disbursement this Period 920.00
City Bloomington State IL Zip Code 61702-2100	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement INSURANCE	Candidate Name	INSURANCE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2307.50
<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)

PAGE 95 / 123

<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)  
Hastert for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. Denos</b>		<b>Transaction ID:</b> 61018.E19699 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6
Mailing Address P. O. Box 12880		Amount of Each Disbursement this Period 624.01
City Chicago State IL Zip Code 60612-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FUNDRAISING EXPENSE	Candidate Name	FUNDRAISING EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Terry DesCoteaux</b>		<b>Transaction ID:</b> 61025.E19904 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 6
Mailing Address 101 Howard St.		Amount of Each Disbursement this Period 3433.48
City Geneva State IL Zip Code 60134-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SALARY	Candidate Name	SALARY
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Terry DesCoteaux</b>		<b>Transaction ID:</b> 61018.E19685 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 6
Mailing Address 101 Howard St.		Amount of Each Disbursement this Period 260.74
City Geneva State IL Zip Code 60134-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement REIMBURSEMENT FOR TRAVEL	Candidate Name	REIMBURSEMENT FOR TRAVEL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>4318.23</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)  
Hastert for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. DirecTV</b>		Transaction ID: 61023.E19856 Date of Disbursement 10 / 02 / 2006	
Mailing Address P.O. Box 9001069		Amount of Each Disbursement this Period 63.96	
City Louisville State KY Zip Code 40290-	Purpose of Disbursement CABLE SERVICE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CABLE SERVICE	

Full Name (Last, First, Middle Initial) <b>B. Brian Dolan</b>		Transaction ID: 61011.E19601 Date of Disbursement 10 / 10 / 2006	
Mailing Address 1111 Crestview		Amount of Each Disbursement this Period 388.57	
City Batavia State IL Zip Code 60510-	Purpose of Disbursement REIMBURSEMENT FOR TRAVEL	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	REIMBURSEMENT FOR TRAVEL	

Full Name (Last, First, Middle Initial) <b>C. DuPage Co. Rep. Central Comm.</b>		Transaction ID: 61018.E19689 Date of Disbursement 10 / 13 / 2006	
Mailing Address 224 S. Washington St.		Amount of Each Disbursement this Period 250.00	
City Wheaton State IL Zip Code 60187-	Purpose of Disbursement ADVERTISING	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	ADVERTISING	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	702.53
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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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)  
Hastert for Congress Committee

<b>A. Elburn Herald</b> Full Name (Last, First, Middle Initial) Mailing Address 123 N. Main St. City Elburn State IL Zip Code 60119-		<b>Transaction ID: 61013.E19665</b> Date of Disbursement 10 / 12 / 2006 Amount of Each Disbursement this Period 450.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>ADVERTISING</b>
Purpose of Disbursement ADVERTISING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type ADVERTISING

<b>B. Extended Data Solutions</b> Full Name (Last, First, Middle Initial) Mailing Address 500 N. Michigan Ave., Ste. 300 City Chicago State IL Zip Code 60611-3775		<b>Transaction ID: 61005.E19364</b> Date of Disbursement 10 / 04 / 2006 Amount of Each Disbursement this Period 50702.89 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>DIRECT MAIL</b>
Purpose of Disbursement DIRECT MAIL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type DIRECT MAIL

<b>C. Federal Express Corp.</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 1140 City Memphis State TN Zip Code 38101-1140		<b>Transaction ID: 61005.E19346</b> Date of Disbursement 10 / 03 / 2006 Amount of Each Disbursement this Period 15.89 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>EXPRESS MAIL</b>
Purpose of Disbursement EXPRESS MAIL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type EXPRESS MAIL

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>51168.78</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)  
Hastert for Congress Committee

<p><b>A.</b> First Data Merchant Services</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 1 Western Maryland Pkwy.</p> <p>City Hagerstown State MD Zip Code 21740-</p> <p>Purpose of Disbursement CREDIT CARD SERVICE CHARGE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 61023.E19862</p> <p>Date of Disbursement</p> <p>10 / 04 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>977.54</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>CREDIT CARD SERVICE CHARGE</p>
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<p><b>B.</b> David W. From</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 980 Rosewood Dr.</p> <p>City West Chicago State IL Zip Code 60185-</p> <p>Purpose of Disbursement SALARY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 61025.E19918</p> <p>Date of Disbursement</p> <p>10 / 02 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>7754.08</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>SALARY</p>
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<p><b>C.</b> Adam Fromm</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 1600 S. Eads St., 228-N</p> <p>City Arlington State VA Zip Code 22202-</p> <p>Purpose of Disbursement SALARY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 61025.E19915</p> <p>Date of Disbursement</p> <p>10 / 02 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>364.14</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>SALARY</p>
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<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>9095.76</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

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

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

FOR LINE NUMBER:  
(check only one)

<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

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)  
Hastert for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. Gordon Flesch</b>		<b>Transaction ID: 61005.E19355</b> Date of Disbursement 10 / 04 / 2006	
Mailing Address 401 N. Kirk Rd.		Amount of Each Disbursement this Period 226.96	
City Geneva State IL Zip Code 60134-	Purpose of Disbursement OFFICE EQUIPMENT REPAIR Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  OFFICE EQUIPMENT REPAIR	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type	

Full Name (Last, First, Middle Initial) <b>B. April Green</b>		<b>Transaction ID: 61005.E19336</b> Date of Disbursement 10 / 02 / 2006	
Mailing Address P. O. Box 858		Amount of Each Disbursement this Period 307.74	
City Streator State IL Zip Code 61364-	Purpose of Disbursement SALARY Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  SALARY	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Brad Hahn</b>		<b>Transaction ID: 61025.E19912</b> Date of Disbursement 10 / 02 / 2006	
Mailing Address 701 Elder Ln.		Amount of Each Disbursement this Period 656.88	
City Deerfield State IL Zip Code 60015-	Purpose of Disbursement SALARY Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  SALARY	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>1191.58</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

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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)  
Hastert for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. Bryan Harbin</b>		<b>Transaction ID:</b> 61005.E19334 <b>Date of Disbursement</b> 10 / 02 / 2006
Mailing Address P. O. Box 51		Amount of Each Disbursement this Period 1179.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Bristol State IL Zip Code 60512-	Purpose of Disbursement SALARY Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SALARY

Full Name (Last, First, Middle Initial) <b>B. Jeff Herinckx</b>		<b>Transaction ID:</b> 61025.E19913 <b>Date of Disbursement</b> 10 / 02 / 2006
Mailing Address 428 3rd St., NE, Apt. 301		Amount of Each Disbursement this Period 307.83 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20002-	Purpose of Disbursement SALARY Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SALARY

Full Name (Last, First, Middle Initial) <b>C. Hinsdale Nurseries</b>		<b>Transaction ID:</b> 61018.E19692 <b>Date of Disbursement</b> 10 / 13 / 2006
Mailing Address 8111 Rt. 34		Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Yorkville State IL Zip Code 60560-	Purpose of Disbursement PARADE VEHICLE REPAIR Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PARADE VEHICLE REPAIR

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1736.83
<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)

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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)  
Hastert for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. Hinsdale Nurseries</b>		Transaction ID: 61018.E19693 Date of Disbursement 10 / 13 / 2006	
Mailing Address 8111 Rt. 34		Amount of Each Disbursement this Period 740.00	
City Yorkville State IL Zip Code 60560-	Purpose of Disbursement FUNDRAISING EXPENSE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FUNDRAISING EXPENSE	

Full Name (Last, First, Middle Initial) <b>B. William Hughes</b>		Transaction ID: 61025.E19916 Date of Disbursement 10 / 02 / 2006	
Mailing Address 8400 Fenway Rd.		Amount of Each Disbursement this Period 1032.50	
City Bethesda State MD Zip Code 20817-	Purpose of Disbursement POLITICAL CONSULTANT	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	POLITICAL CONSULTANT	

Full Name (Last, First, Middle Initial) <b>C. IL Department of Revenue</b>		Transaction ID: 61005.E19332 Date of Disbursement 10 / 02 / 2006	
Mailing Address P. O. Box 88294		Amount of Each Disbursement this Period 953.79	
City Springfield State IL Zip Code 62794-	Purpose of Disbursement PAYROLL TAXES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL TAXES	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2726.29
<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)

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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)  
Hastert for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. IL Department of Revenue</b>		<b>Transaction ID:</b> 61005.E19331 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 6
Mailing Address P. O. Box 88294		Amount of Each Disbursement this Period 120.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Springfield State IL Zip Code 62794-	Purpose of Disbursement PAYROLL TAXES Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL TAXES

Full Name (Last, First, Middle Initial) <b>B. J. C. Schultz Enterprises, Inc.</b>		<b>Transaction ID:</b> 61005.E19348 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 6
Mailing Address 951 Swanson Dr.		Amount of Each Disbursement this Period 406.81 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Batavia State IL Zip Code 60510-	Purpose of Disbursement FUNDRAISING EXPENSE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FUNDRAISING EXPENSE

Full Name (Last, First, Middle Initial) <b>C. Tom Jarman</b>		<b>Transaction ID:</b> 61005.E19333 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 6
Mailing Address P. O. Box PERC		Amount of Each Disbursement this Period 1500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City North Manchester State IN Zip Code 46962-	Purpose of Disbursement POLITICAL CONSULTANT Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	POLITICAL CONSULTANT

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2026.81
<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)

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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)  
Hastert for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. Barret Kedzior</b>		Transaction ID: 61025.E19919 Date of Disbursement 10 / 02 / 2006	
Mailing Address 2744 1/2 N. Hampden Court Apt. 4 L		Amount of Each Disbursement this Period 1550.75	
City Chicago State IL Zip Code 60614-	Purpose of Disbursement SALARY	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SALARY	

Full Name (Last, First, Middle Initial) <b>B. Barret Kedzior</b>		Transaction ID: 61018.E19691 Date of Disbursement 10 / 10 / 2006	
Mailing Address 2744 1/2 N. Hampden Court Apt. 4 L		Amount of Each Disbursement this Period 254.10	
City Chicago State IL Zip Code 60614-	Purpose of Disbursement REIMBURSEMENT FOR TRAVEL	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	REIMBURSEMENT FOR TRAVEL	

Full Name (Last, First, Middle Initial) <b>C. Kelmscott Press</b>		Transaction ID: 61005.E19354 Date of Disbursement 10 / 03 / 2006	
Mailing Address P. O. Box 1909		Amount of Each Disbursement this Period 4198.80	
City Aurora State IL Zip Code 60507-	Purpose of Disbursement PRINTING EXPENSE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRINTING EXPENSE	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6003.65
<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)

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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)  
Hastert for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. Kelmscott Press</b>		Transaction ID: 61011.E19596 Date of Disbursement 10 / 10 / 2006
Mailing Address P. O. Box 1909		Amount of Each Disbursement this Period 22910.14 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Aurora State IL Zip Code 60507-	Purpose of Disbursement PRINTING EXPENSE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRINTING EXPENSE

Full Name (Last, First, Middle Initial) <b>B. Kenik Photo Services</b>		Transaction ID: 61009.E19366 Date of Disbursement 10 / 06 / 2006
Mailing Address 2252 Brent Ct.		Amount of Each Disbursement this Period 1346.26 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Schaumburg State IL Zip Code 60194-	Purpose of Disbursement PHOTOGRAPHY EXPENSE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PHOTOGRAPHY EXPENSE

Full Name (Last, First, Middle Initial) <b>C. King James Catering</b>		Transaction ID: 61005.E19344 Date of Disbursement 10 / 01 / 2006
Mailing Address 1200 W. Hawthorne		Amount of Each Disbursement this Period 3115.93 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City West Chicago State IL Zip Code 60185-	Purpose of Disbursement FUNDRAISING EXPENSE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FUNDRAISING EXPENSE

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	27372.33
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)



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

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

FOR LINE NUMBER:  
(check only one)

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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)  
Hastert for Congress Committee

<b>A. Labels &amp; Lists</b> Full Name (Last, First, Middle Initial) Mailing Address 2500 116th Ave., NE City Bellevue State WA Zip Code 98004- Purpose of Disbursement VOTER LISTS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 61005.E19353 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 6 Amount of Each Disbursement this Period 5038.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 VOTER LISTS
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<b>B. Lisa Wagner &amp; Co.</b> Full Name (Last, First, Middle Initial) Mailing Address 1465 Stoddard City Wheaton State IL Zip Code 60187- Purpose of Disbursement FUNDRAISING EXPENSE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 61005.E19335 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 6 Amount of Each Disbursement this Period 11000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 FUNDRAISING EXPENSE
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<b>C. John E. McGovern, III</b> Full Name (Last, First, Middle Initial) Mailing Address 2014 N. Sheffield, B2 City Chicago State IL Zip Code 60614- Purpose of Disbursement COMMUNICATIONS CONSULTANT Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 61025.E19908 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 6 Amount of Each Disbursement this Period 2500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 COMMUNICATIONS CONSULTANT
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	18538.00
<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)

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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)  
Hastert for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. McIntosh Co., Inc.</b>		<b>Transaction ID:</b> 61013.E19661 Date of Disbursement 10 / 07 / 2006
Mailing Address 4505 Southern Ave.		Amount of Each Disbursement this Period 8890.92
City Dallas State TX Zip Code 75205-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FUNDRAISING EXPENSE	Candidate Name	FUNDRAISING EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. McKenna Long &amp; Aldridge</b>		<b>Transaction ID:</b> 61005.E19339 Date of Disbursement 10 / 01 / 2006
Mailing Address 303 Peachtree St., NE, Ste. 5300		Amount of Each Disbursement this Period 9660.53
City Atlanta State GA Zip Code 30308-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement LEGAL SERVICE	Candidate Name	LEGAL SERVICE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. McKenna Long &amp; Aldridge</b>		<b>Transaction ID:</b> 61011.E19660 Date of Disbursement 10 / 07 / 2006
Mailing Address 303 Peachtree St., NE, Ste. 5300		Amount of Each Disbursement this Period 44812.12
City Atlanta State GA Zip Code 30308-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement LEGAL SERVICE	Candidate Name	LEGAL SERVICE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>63363.57</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)

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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)  
Hastert for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. McLaughlin &amp; Assoc.</b>		<b>Transaction ID: 61013.E19663</b> Date of Disbursement 10 / 07 / 2006	
Mailing Address 566 South Route 303		Amount of Each Disbursement this Period 9960.00	
City Blauvelt State NY Zip Code 10913-	Purpose of Disbursement POLLING	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type POLLING	

Full Name (Last, First, Middle Initial) <b>B. McLaughlin &amp; Assoc.</b>		<b>Transaction ID: 61013.E19662</b> Date of Disbursement 10 / 07 / 2006	
Mailing Address 566 South Route 303		Amount of Each Disbursement this Period 16480.00	
City Blauvelt State NY Zip Code 10913-	Purpose of Disbursement POLLING	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type POLLING	

Full Name (Last, First, Middle Initial) <b>C. Miller Media</b>		<b>Transaction ID: 61011.E19597</b> Date of Disbursement 10 / 10 / 2006	
Mailing Address 918 E. Park, P. O. Box 169		Amount of Each Disbursement this Period 1764.00	
City Taylorville State IL Zip Code 62568-	Purpose of Disbursement ADVERTISING	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type ADVERTISING	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	28204.00
<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)

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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)  
Hastert for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. Moby Dick Airways</b>		<b>Transaction ID:</b> 61018.E19683 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 6
Mailing Address P. O. Box 77518		Amount of Each Disbursement this Period 6930.00
City Washington State DC Zip Code 20013-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FUNDRAISING EXPENSE	Candidate Name	FUNDRAISING EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Andrew Nelms</b>		<b>Transaction ID:</b> 61025.E19917 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 6
Mailing Address 1092 Aspen Ct. #1		Amount of Each Disbursement this Period 418.83
City Dekalb State IL Zip Code 60115-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SALARY	Candidate Name	SALARY
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Nelson Enterprises</b>		<b>Transaction ID:</b> 61018.E19700 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 1 Broadcast Center		Amount of Each Disbursement this Period 289.00
City Plano State IL Zip Code 60545-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement ADVERTISING	Candidate Name	ADVERTISING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>7637.83</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)

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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)  
Hastert for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. Nelson Enterprises</b>		<b>Transaction ID:</b> 61013.E19669 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 1 Broadcast Center		Amount of Each Disbursement this Period 4752.00
City Plano State IL Zip Code 60545-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement ADVERTISING	Candidate Name	ADVERTISING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Nelson Enterprises</b>		<b>Transaction ID:</b> 61018.E19701 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 6
Mailing Address 1 Broadcast Center		Amount of Each Disbursement this Period 1171.00
City Plano State IL Zip Code 60545-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement ADVERTISING	Candidate Name	ADVERTISING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. NRG Media</b>		<b>Transaction ID:</b> 61005.E19359 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 6
Mailing Address 1460 S. College Ave.		Amount of Each Disbursement this Period 3696.00
City Dixon State IL Zip Code 61021-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement ADVERTISING	Candidate Name	ADVERTISING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	9619.00
<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)

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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)  
Hastert for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. Scott Palmer</b>		<b>Transaction ID: 61025.E19907</b> Date of Disbursement 10 / 02 / 2006	
Mailing Address P. O. Box 625		Amount of Each Disbursement this Period 906.36	
City Batavia State IL Zip Code 60510-	Purpose of Disbursement SALARY	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SALARY	

Full Name (Last, First, Middle Initial) <b>B. PayPal/Verisign Payment Serv.</b>		<b>Transaction ID: 61023.E19859</b> Date of Disbursement 10 / 18 / 2006	
Mailing Address 2543 Coast Ave.		Amount of Each Disbursement this Period 59.95	
City Mountain View State CA Zip Code 94043-	Purpose of Disbursement COMPUTER SERVICE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	COMPUTER SERVICE	

Full Name (Last, First, Middle Initial) <b>C. Sylvia Pletcher</b>		<b>Transaction ID: 61025.E19903</b> Date of Disbursement 10 / 02 / 2006	
Mailing Address 13035 Church Rd.		Amount of Each Disbursement this Period 1201.30	
City Yorkville State IL Zip Code 60560-	Purpose of Disbursement SALARY	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SALARY	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>2167.61</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)

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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)  
Hastert for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. Lisa Post</b>		<b>Transaction ID: 61025.E19905</b> Date of Disbursement 10 / 02 / 2006	
Mailing Address 5929 Lee Rd.		Amount of Each Disbursement this Period 6326.00	
City Shabbona State IL Zip Code 60550-	Purpose of Disbursement SALARY	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SALARY	

Full Name (Last, First, Middle Initial) <b>B. WBIG Radio</b>		<b>Transaction ID: 61005.E19357</b> Date of Disbursement 10 / 04 / 2006	
Mailing Address 620 S. Eola Rd.		Amount of Each Disbursement this Period 2835.00	
City Aurora State IL Zip Code 60506-	Purpose of Disbursement ADVERTISING	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	ADVERTISING	

Full Name (Last, First, Middle Initial) <b>C. Schaefer Greenhouses, Inc.</b>		<b>Transaction ID: 61018.E19698</b> Date of Disbursement 10 / 13 / 2006	
Mailing Address P.O. Box 1595		Amount of Each Disbursement this Period 473.78	
City Aurora State IL Zip Code 60507-	Purpose of Disbursement FLOWERS	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FLOWERS	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>9634.78</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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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)  
Hastert for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. St. Charles Post Office</b>		<b>Transaction ID:</b> 61011.E19600 <b>Date of Disbursement</b> 10 / 10 / 2006
Mailing Address 1405 W. Main		Amount of Each Disbursement this Period 478.07
City St. Charles State IL Zip Code 60174-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement POSTAGE	Candidate Name	POSTAGE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. St. Charles Post Office</b>		<b>Transaction ID:</b> 61018.E19712 <b>Date of Disbursement</b> 10 / 18 / 2006
Mailing Address 1405 W. Main		Amount of Each Disbursement this Period 457.34
City St. Charles State IL Zip Code 60174-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement POSTAGE	Candidate Name	POSTAGE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Luke Stedman</b>		<b>Transaction ID:</b> 61025.E19909 <b>Date of Disbursement</b> 10 / 02 / 2006
Mailing Address 318 Timberwood		Amount of Each Disbursement this Period 633.34
City Irvine State CA Zip Code 92620-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SALARY	Candidate Name	SALARY
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1568.75
<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)  
Hastert for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. Mike Stokke</b>		<b>Transaction ID: 61025.E19906</b>	
Mailing Address P. O. Box 625		Date of Disbursement 10 / 02 / 2006	
City Batavia	State IL	Zip Code 60510-	Amount of Each Disbursement this Period 873.66
Purpose of Disbursement SALARY		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		SALARY
State: District:			

Full Name (Last, First, Middle Initial) <b>B. UPS</b>		<b>Transaction ID: 61018.E19702</b>	
Mailing Address Lockbox 577		Date of Disbursement 10 / 12 / 2006	
City Carol Stream	State IL	Zip Code 60132-0577	Amount of Each Disbursement this Period 17.17
Purpose of Disbursement EXPRESS MAIL		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		EXPRESS MAIL
State: District:			

Full Name (Last, First, Middle Initial) <b>C. UPS</b>		<b>Transaction ID: 61018.E19703</b>	
Mailing Address Lockbox 577		Date of Disbursement 10 / 17 / 2006	
City Carol Stream	State IL	Zip Code 60132-0577	Amount of Each Disbursement this Period 1.38
Purpose of Disbursement EXPRESS MAIL		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		EXPRESS MAIL
State: District:			

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

892.21

**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)  
Hastert for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. Valley Community Bank</b>		<b>Transaction ID:</b> 61005.E19328 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 6
Mailing Address 18 E. Wilson St.		Amount of Each Disbursement this Period 1279.58 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Batavia State IL Zip Code 60510-	Purpose of Disbursement PAYROLL TAXES Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL TAXES

Full Name (Last, First, Middle Initial) <b>B. Valley Community Bank</b>		<b>Transaction ID:</b> 61005.E19329 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 6
Mailing Address 18 E. Wilson St.		Amount of Each Disbursement this Period 10298.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Batavia State IL Zip Code 60510-	Purpose of Disbursement PAYROLL TAXES Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL TAXES

Full Name (Last, First, Middle Initial) <b>C. Valley Community Bank</b>		<b>Transaction ID:</b> 61005.E19330 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 6
Mailing Address 18 E. Wilson St.		Amount of Each Disbursement this Period 20.18 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Batavia State IL Zip Code 60510-	Purpose of Disbursement PAYROLL TAXES Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL TAXES

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	11598.01
<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)

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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)  
Hastert for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. Valley Community Bank</b>		<b>Transaction ID:</b> 61023.E19857
Mailing Address 18 E. Wilson St.		Date of Disbursement 10 / 05 / 2006
City Batavia	State IL	Zip Code 60510-
Purpose of Disbursement SERVICE CHARGE	Amount of Each Disbursement this Period 65.00	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<b>SERVICE CHARGE</b>	

Full Name (Last, First, Middle Initial) <b>B. Verizon Wireless</b>		<b>Transaction ID:</b> 61023.E19855
Mailing Address P. O. Box 6170		Date of Disbursement 10 / 02 / 2006
City Carol Stream	State IL	Zip Code 60197-6170
Purpose of Disbursement CELLULAR PHONE	Amount of Each Disbursement this Period 1228.32	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<b>CELLULAR PHONE</b>	

Full Name (Last, First, Middle Initial) <b>C. VictoryStore.com</b>		<b>Transaction ID:</b> 61018.E19709
Mailing Address 5200 SW 30th St., Ste. 7		Date of Disbursement 10 / 18 / 2006
City Davenport	State IA	Zip Code 52802-
Purpose of Disbursement YARD SIGNS	Amount of Each Disbursement this Period 5240.00	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<b>YARD SIGNS</b>	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>6533.32</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)  
Hastert for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. Viking Office Supply</b>		<b>Transaction ID:</b> 61013.E19666 <b>Date of Disbursement</b> 10 / 12 / 2006
Mailing Address 124 W. State St.		Amount of Each Disbursement this Period 1176.75
City Geneva State IL Zip Code 60534-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement OFFICE SUPPLIES Candidate Name	Category/Type	OFFICE SUPPLIES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. WBBM Newsradio 780</b>		<b>Transaction ID:</b> 61005.E19362 <b>Date of Disbursement</b> 10 / 04 / 2006
Mailing Address Two Prudential Plaza 180 N. Stetson, 11th Floor		Amount of Each Disbursement this Period 8287.50
City Chicago State IL Zip Code 60601-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement ADVERTISING Candidate Name	Category/Type	ADVERTISING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. WDKB</b>		<b>Transaction ID:</b> 61005.E19360 <b>Date of Disbursement</b> 10 / 04 / 2006
Mailing Address 2201 N. 1st Street		Amount of Each Disbursement this Period 1380.00
City De Kalb State IL Zip Code 60115-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement ADVERTISING Candidate Name	Category/Type	ADVERTISING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	10844.25
<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)  
Hastert for Congress Committee

<b>A. WGN</b> Full Name (Last, First, Middle Initial) Mailing Address 435 N. Michigan Ave. City Chicago State IL Zip Code 60611-		<b>Transaction ID:</b> 61005.E19363 <b>Date of Disbursement:</b> 10 / 04 / 2006 Amount of Each Disbursement this Period 6800.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>ADVERTISING</b>
Purpose of Disbursement: ADVERTISING Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type: _____ ADVERTISING

<b>B. Marvin Williams</b> Full Name (Last, First, Middle Initial) Mailing Address 611 Apple St. City Dixon State IL Zip Code 61021-1178		<b>Transaction ID:</b> 61025.E19911 <b>Date of Disbursement:</b> 10 / 02 / 2006 Amount of Each Disbursement this Period 860.17 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>SALARY</b>
Purpose of Disbursement: SALARY Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type: _____ SALARY

<b>C. Marvin Williams</b> Full Name (Last, First, Middle Initial) Mailing Address 611 Apple St. City Dixon State IL Zip Code 61021-1178		<b>Transaction ID:</b> 61018.E19695 <b>Date of Disbursement:</b> 10 / 17 / 2006 Amount of Each Disbursement this Period 674.68 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>REIMB FOR TRAVEL: SEE BELOW</b>
Purpose of Disbursement: REIMB FOR TRAVEL: SEE BELOW Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type: _____ REIMB FOR TRAVEL: SEE BELOW

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>8334.85</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

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

FOR LINE NUMBER:  
(check only one)

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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)  
Hastert for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. Hilton Hotel</b>		Transaction ID: 61018.E19696 Date of Disbursement 10 / 17 / 2006	
Mailing Address 700 E. Adams		Amount of Each Disbursement this Period 170.20	
City Springfield State IL Zip Code 62701-	Purpose of Disbursement TRAVEL EXPENSE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSE	

Full Name (Last, First, Middle Initial) <b>B. Marvin Williams</b>		Transaction ID: 61018.E19694 Date of Disbursement 10 / 17 / 2006	
Mailing Address 611 Apple St.		Amount of Each Disbursement this Period 75.00	
City Dixon State IL Zip Code 61021-1178	Purpose of Disbursement REIMB FOR CELL PHONE: SEE BELOW	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	REIMB FOR CELL PHONE: SEE BELOW	

Full Name (Last, First, Middle Initial) <b>C. Verizon Wireless</b>		Transaction ID: 61018.E19705 Date of Disbursement 10 / 17 / 2006	
Mailing Address P. O. Box 6170		Amount of Each Disbursement this Period 75.00	
City Carol Stream State IL Zip Code 60197-6170	Purpose of Disbursement CELLULAR PHONE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: CELLULAR PHONE	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	75.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

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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)  
Hastert for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
WLS Newstalk 890

Mailing Address 190 N. State St.

City Chicago State IL Zip Code 60601-

Purpose of Disbursement ADVERTISING

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 61005.E19361  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

ADVERTISING

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

Mailing Address 14 Douglas Ave.

City Elgin State IL Zip Code 60120-

Purpose of Disbursement ADVERTISING

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 61011.E19602  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

ADVERTISING

**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)

PAGE 120 / 123

<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)  
Hastert for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. Henry Co. Republican Central Comm.</b>		<b>Transaction ID:</b> 61005.E19352 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 6
Mailing Address 137 S. State St., #335		Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Geneseo State IL Zip Code 61254-	Purpose of Disbursement NON-FEDERAL DONATION Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Kane County Repub. Central Comm.</b>		<b>Transaction ID:</b> 61011.E19598 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 6
Mailing Address P.O. Box 648		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Geneva State IL Zip Code 60134-	Purpose of Disbursement TICKETS Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Citizens for Mitchell</b>		<b>Transaction ID:</b> 61005.E19350 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 6
Mailing Address 1212 Tee St.		Amount of Each Disbursement this Period 150.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Dixon State IL Zip Code 61021-	Purpose of Disbursement TICKETS Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1400.00
<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)

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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)  
Hastert for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. Natl Republican Congressional Comm.</b>		<b>Transaction ID:</b> 60928.E19327 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 6
Mailing Address 320 1st St., SE		Amount of Each Disbursement this Period 100000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003-	Purpose of Disbursement TRANSFER OF EXCESS FUNDS Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Citizens for Pritchard</b>		<b>Transaction ID:</b> 61018.E19688 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address P. O. Box 303		Amount of Each Disbursement this Period 600.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Sycamore State IL Zip Code 60178-	Purpose of Disbursement TICKETS Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. Citizens for Sieben</b>		<b>Transaction ID:</b> 61018.E19690 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6
Mailing Address 137 S. State		Amount of Each Disbursement this Period 120.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Geneseo State IL Zip Code 61254-	Purpose of Disbursement TICKETS Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	100720.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	102120.00

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

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

FOR LINE NUMBER:  
(check only one)

<input 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)  
Hastert for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. Craig J. Duchossois</b>		<b>Transaction ID: 61015.E19670</b> Date of Disbursement 10 / 02 / 2006	
Mailing Address 209 E. Lake Shore Dr., #15E		Amount of Each Disbursement this Period 2100.00	
City Chicago State IL Zip Code 60611-	Purpose of Disbursement Refund of Contribution Candidate Name	010 Category/ Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Fred A. Krehbiel</b>		<b>Transaction ID: 61015.E19671</b> Date of Disbursement 10 / 02 / 2006	
Mailing Address 505 S. County Line Rd.		Amount of Each Disbursement this Period 2100.00	
City Hinsdale State IL Zip Code 60521-	Purpose of Disbursement Refund of Contribution Candidate Name	010 Category/ Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Anne N. Reyes</b>		<b>Transaction ID: 61015.E19672</b> Date of Disbursement 10 / 02 / 2006	
Mailing Address 735 E. Westminster		Amount of Each Disbursement this Period 2100.00	
City Lake Forest State IL Zip Code 60045-	Purpose of Disbursement Refund of Contribution Candidate Name	010 Category/ Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>6300.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<b>6300.00</b>

**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 checked="" type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
Hastert for Congress Committee

Full Name (Last, First, Middle Initial)

**A.** Walgreen PAC

Mailing Address 200 Wilmot Rd.

City Deerfield State IL Zip Code 60015-

Purpose of Disbursement  
Refund of Contribution

Candidate Name

010  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 61005.E19345

Date of Disbursement

10 / 01 / 2006

Amount of Each Disbursement this Period

5000.00

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

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

5000.00

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

5000.00