

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name
CITIZENS FOR RUSH

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	3758.83	3758.83
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	3758.83	3758.83
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	29805.72	36441.04
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	29805.72	36441.04
8. Cash on Hand at Close of Reporting Period (from Line 27).....	31992.65	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	25589.43	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

CITIZENS FOR RUSH

Report Covering the Period: From: / / To: / /

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).....	500.00	500.00
(ii) Unitemized.....	258.83	258.83
(iii) TOTAL of contributions from individuals ▶	758.83	758.83
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	3000.00	3000.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	3758.83	3758.83
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	3758.83	3758.83

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 05/2016)

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	29805.72	36441.04
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	8600.00	8900.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	38405.72	45341.04

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	66639.54
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	3758.83
25. SUBTOTAL (add Line 23 and Line 24).....	70398.37
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	38405.72
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	31992.65

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

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

FOR LINE NUMBER: PAGE 5 OF 25
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

A. Full Name (Last, First, Middle Initial)
Brathwaite, Paul A., , ,

Mailing Address 1220 L STREET NW

City WASHINGTON State DC Zip Code 20005

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

Name of Employer FEDERAL STREET STRATEGIES Occupation CHIEF STRATEGIST

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2019

Transaction ID : SA11AI.19752

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 6 OF 25	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

A. Full Name (Last, First, Middle Initial)
CHARTER COMMUNICATIONS INC. POLITICAL ACTION COMMITTEE

Mailing Address 12405 POWERSCOURT DRIVE

City ST. LOUIS	State MO	Zip Code 63131
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FEC ID number of contributing federal political committee. **C** C00426775

Name of Employer	Occupation
------------------	------------

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 18 / 2019

Transaction ID : SA11C.19630

Amount of Each Receipt this Period
 _____ 1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF BROADCASTERS POLITICAL ACTION COMMITTEE (NABPAC)

Mailing Address 1771 N Street NW

City Washington	State DC	Zip Code 20036
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00009985

Name of Employer	Occupation
------------------	------------

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 08 / 2019

Transaction ID : SA11C.19631

Amount of Each Receipt this Period
 _____ 1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
NORFOLK SOUTHERN CORPORATION GOOD GOVERNMENT FUND

Mailing Address 3 Commercial Place
Suite 375

City Norfolk	State VA	Zip Code 23510
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FEC ID number of contributing federal political committee. **C** C00009282

Name of Employer	Occupation
------------------	------------

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 18 / 2019

Transaction ID : SA11C.19632

Amount of Each Receipt this Period
 _____ 1000.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 25			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. ALARM DETECTION SYSTEMS, INC.			Date of Disbursement M M / D D / Y Y Y Y 02 / 19 / 2019	
Mailing Address 1111 Church Road			FEC Identification Number C	
City Aurora	State IL	Zip Code 60505	Amount of Each Disbursement this Period 1758.54	
Purpose of Disbursement ALARM MONITORING SERVICE		Category/ Type 001	Transaction ID : SB17.19612	
Candidate Name			<input type="checkbox"/> Memo Item	
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. Allstate Insurance Company			Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2019	
Mailing Address Not Available			FEC Identification Number C	
City Chicago	State IL	Zip Code 60600	Amount of Each Disbursement this Period 133.17	
Purpose of Disbursement AUTO INSURANCE		Category/ Type 002	Transaction ID : SB17.19609	
Candidate Name			<input type="checkbox"/> Memo Item	
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) c. Allstate Insurance Company			Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2019	
Mailing Address Not Available			FEC Identification Number C	
City Chicago	State IL	Zip Code 60600	Amount of Each Disbursement this Period 145.17	
Purpose of Disbursement AUTOMOBILE INSURANCE		Category/ Type 001	Transaction ID : SB17.19605	
Candidate Name			<input type="checkbox"/> Memo Item	
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:				

SUBTOTAL of Disbursements This Page (optional).....▶	2036.88
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 8 OF 25	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. AT & T			Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2019	
Mailing Address Bill Payment Center			FEC Identification Number C	
City Chicago	State IL	Zip Code 60600	Amount of Each Disbursement this Period 2086.40	
Purpose of Disbursement TELEPHONE SERVICE		Category/ Type 001	Transaction ID : SB17.19608	
Candidate Name			<input type="checkbox"/> Memo Item	
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. AT&T Mobility			Date of Disbursement M M / D D / Y Y Y Y 01 / 18 / 2019	
Mailing Address P.O. Box 6463			FEC Identification Number C	
City Carol Stream	State IL	Zip Code 60197-6463	Amount of Each Disbursement this Period 230.86	
Purpose of Disbursement Mobile Phone Equip. for Member		Category/ Type 001	Transaction ID : SB17.19582	
Candidate Name			<input checked="" type="checkbox"/> Memo Item	
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) C. AT&T Mobility			Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2019	
Mailing Address P.O. Box 6463			FEC Identification Number C	
City Carol Stream	State IL	Zip Code 60197-6463	Amount of Each Disbursement this Period 424.03	
Purpose of Disbursement MOBILE PHONE SERVICE		Category/ Type 001	Transaction ID : SB17.19611	
Candidate Name			<input type="checkbox"/> Memo Item	
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:				

SUBTOTAL of Disbursements This Page (optional).....▶	2510.43
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 9 OF 25	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. AT&T Mobility			Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2019	
Mailing Address P.O. Box 6463			FEC Identification Number C	
City Carol Stream	State IL	Zip Code 60197-6463	Amount of Each Disbursement this Period 692.77	
Purpose of Disbursement MOBIL TELEPHONE SERVICE		Category/ Type 001	Transaction ID : SB17.19613	
Candidate Name		<input type="checkbox"/> Memo Item		
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. AT&T Mobility			Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2019	
Mailing Address P.O. Box 6463			FEC Identification Number C	
City Carol Stream	State IL	Zip Code 60197-6463	Amount of Each Disbursement this Period 569.72	
Purpose of Disbursement MOBIL TELEPHONE		Category/ Type 001	Transaction ID : SB17.19614	
Candidate Name		<input type="checkbox"/> Memo Item		
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) C. CAPITOL HOST			Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2019	
Mailing Address 5525 DORSEY LANE			FEC Identification Number C	
City Bowie	State MD	Zip Code 20816	Amount of Each Disbursement this Period 1452.96	
Purpose of Disbursement CATERING		Category/ Type 001	Transaction ID : SB17.19586	
Candidate Name		<input type="checkbox"/> Memo Item		
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:				

SUBTOTAL of Disbursements This Page (optional).....▶	2715.45
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 10 OF 25			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. CAPITOL HOST			Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2019		
Mailing Address 5525 DORSEY LANE			FEC Identification Number C		
City Bowie	State MD	Zip Code 20816	Amount of Each Disbursement this Period 75.07		
Purpose of Disbursement CATERING		Category/ Type 001	Transaction ID : SB17.19594		
Candidate Name		<input type="checkbox"/> Memo Item			
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. CubeSmart IL			Date of Disbursement M M / D D / Y Y Y Y 01 / 08 / 2019		
Mailing Address 407 East 25th Street			FEC Identification Number C		
City Chicago	State IL	Zip Code 60616	Amount of Each Disbursement this Period 1589.00		
Purpose of Disbursement QUARTERLY STORAGE FEE		Category/ Type 001	Transaction ID : SB17.19570		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. DO YOURSELF A FLAVA			Date of Disbursement M M / D D / Y Y Y Y 01 / 08 / 2019		
Mailing Address 12709 GLADYS RETREAT CIRCLE			FEC Identification Number C		
City BOWIE	State MD	Zip Code 20720	Amount of Each Disbursement this Period 2409.86		
Purpose of Disbursement CATERING		Category/ Type 001	Transaction ID : SB17.19585		
Candidate Name		<input type="checkbox"/> Memo Item			
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:					

SUBTOTAL of Disbursements This Page (optional).....▶	4073.93
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 11 OF 25	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. ERICKSON, JOHN, F., ,			Date of Disbursement M M / D D / Y Y Y Y 02 / 20 / 2019	
Mailing Address BEST EFFORTS			FEC Identification Number C	
City CHICAGO	State IL	Zip Code 60600	Amount of Each Disbursement this Period 300.00	
Purpose of Disbursement Feb. 27th Event		Category/ Type 001	Transaction ID : SB17.19625	
Candidate Name		Memo Item <input type="checkbox"/>		
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. FIRST JURISDICTION - ILLINOIS			Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2019	
Mailing Address 1233 West 109th Place Office of the Bishop			FEC Identification Number C	
City Chicaago	State IL	Zip Code 60643	Amount of Each Disbursement this Period 400.00	
Purpose of Disbursement National Credentials		Category/ Type 001	Transaction ID : SB17.19592	
Candidate Name		Memo Item <input type="checkbox"/>		
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) c. HOPE Presbyterian Church			Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2019	
Mailing Address 1354 West 61st Street			FEC Identification Number C	
City Chicago	State IL	Zip Code 60636	Amount of Each Disbursement this Period 250.00	
Purpose of Disbursement DONATION		Category/ Type 012	Transaction ID : SB17.19597	
Candidate Name		Memo Item <input type="checkbox"/>		
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:				

SUBTOTAL of Disbursements This Page (optional).....▶	950.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 25			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. Jackson, Sheila L., , ,			Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2019		
Mailing Address P.O. Box 8443			FEC Identification Number C		
City Chicago	State IL	Zip Code 60680-8443	Amount of Each Disbursement this Period 650.00		
Purpose of Disbursement ACCOUNTING FEE		Category/ Type 001	Transaction ID : SB17.19571		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. Jackson, Sheila L., , ,			Date of Disbursement M M / D D / Y Y Y Y 01 / 19 / 2019		
Mailing Address P.O. Box 8443			FEC Identification Number C		
City Chicago	State IL	Zip Code 60680-8443	Amount of Each Disbursement this Period 230.86		
Purpose of Disbursement REIMBURSEMENT FOR PAYMENT TO AT&T		Category/ Type 001	Transaction ID : SB17.19575		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. Jackson, Sheila L., , ,			Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2019		
Mailing Address P.O. Box 8443			FEC Identification Number C		
City Chicago	State IL	Zip Code 60680-8443	Amount of Each Disbursement this Period 670.00		
Purpose of Disbursement ACCTG. FEE AND POSTAGE		Category/ Type 001	Transaction ID : SB17.19590		
Candidate Name		<input type="checkbox"/> Memo Item			
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:					

SUBTOTAL of Disbursements This Page (optional).....▶	1550.86
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 25			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. Jackson, Sheila L., , ,			Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2019		
Mailing Address P.O. Box 8443					
City Chicago	State IL	Zip Code 60680-8443	FEC Identification Number C		
Purpose of Disbursement ACCOUNTING FEE		Category/ Type 001	Amount of Each Disbursement this Period 650.00		
Candidate Name		Transaction ID : SB17.19591			
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) ▼		<input type="checkbox"/> Memo Item		
State: District:					

Full Name (Last, First, Middle Initial) B. Jackson, Sheila L., , ,			Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2019		
Mailing Address P.O. Box 8443					
City Chicago	State IL	Zip Code 60680-8443	FEC Identification Number C		
Purpose of Disbursement ACCOUNTING FEE		Category/ Type 001	Amount of Each Disbursement this Period 650.00		
Candidate Name		Transaction ID : SB17.19598			
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) ▼		<input type="checkbox"/> Memo Item		
State: District:					

Full Name (Last, First, Middle Initial) C. MAVROMATIS, DOTTI, , ,			Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2019		
Mailing Address 6 East E Street, S.E.					
City Washington	State DC	Zip Code 20003	FEC Identification Number C		
Purpose of Disbursement FUNDRAISER CONSULANT		Category/ Type 003	Amount of Each Disbursement this Period 4000.00		
Candidate Name		Transaction ID : SB17.19569			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item		
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	5300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 25			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 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)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. MAVROMATIS, DOTTI, , ,			Date of Disbursement M M / D D / Y Y Y Y 01 / 19 / 2019		
Mailing Address 6 East E Street, S.E.					
City Washington	State DC	Zip Code 20003	FEC Identification Number C		
Purpose of Disbursement DECEMBER, 2018 FUNDRAISER CONSULTING FEE		Category/ Type 001	Amount of Each Disbursement this Period 4000.00		
Candidate Name		Transaction ID : SB17.19588			
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) ▼		<input type="checkbox"/> Memo Item		
State:	District:				

Full Name (Last, First, Middle Initial) B. MAVROMATIS, DOTTI, , ,			Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2019		
Mailing Address 6 East E Street, S.E.					
City Washington	State DC	Zip Code 20003	FEC Identification Number C		
Purpose of Disbursement FEBRUARY FUNDRAISING CONSULTING FEE		Category/ Type 003	Amount of Each Disbursement this Period 4000.00		
Candidate Name		Transaction ID : SB17.19600			
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) ▼		<input type="checkbox"/> Memo Item		
State:	District:				

Full Name (Last, First, Middle Initial) c. McCarthy, Marline, , ,			Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2019		
Mailing Address 8 E Street SE					
City Washington	State DC	Zip Code 20003	FEC Identification Number C		
Purpose of Disbursement CATERING		Category/ Type 001	Amount of Each Disbursement this Period 900.00		
Candidate Name		Transaction ID : SB17.19593			
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) ▼		<input type="checkbox"/> Memo Item		
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	8900.00
TOTAL This Period (last page this line number only).....	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
 17 18 19a 19b
 20a 20b 20c 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)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. National Democratic Club			Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2019		
Mailing Address 30 Ivy Street, S.E.			FEC Identification Number C		
City Washington	State DC	Zip Code 20003-4071	Amount of Each Disbursement this Period 1466.24		
Purpose of Disbursement MEALS/MEMBERSHIP		Category/ Type 001	Transaction ID : SB17.19596		
Candidate Name		<input type="checkbox"/> Memo Item			
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.			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address			FEC Identification Number C		
City	State	Zip Code	Amount of Each Disbursement this Period		
Purpose of Disbursement		Category/ Type	Memo Item		
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) C.			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address			FEC Identification Number C		
City	State	Zip Code	Amount of Each Disbursement this Period		
Purpose of Disbursement		Category/ Type	Memo Item		
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:					

SUBTOTAL of Disbursements This Page (optional).....▶	1466.24
TOTAL This Period (last page this line number only).....▶	29503.79

**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 16 OF 25			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. BISHOP SHEPARD LITTLE MEMORIAL CENTER			Date of Disbursement M M / D D / Y Y Y Y 02 / 18 / 2019		
Mailing Address 5230 S. HALSTED			FEC Identification Number C		
City Chicago	State IL	Zip Code 60600	Amount of Each Disbursement this Period 250.00		
Purpose of Disbursement DONATION		Category/ Type 012	Transaction ID : SB21.19602		
Candidate Name		Memo Item <input type="checkbox"/>			
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. FIRST JURISDICTION - ILLINOIS			Date of Disbursement M M / D D / Y Y Y Y 01 / 19 / 2019		
Mailing Address 1233 West 109th Place Office of the Bishop			FEC Identification Number C		
City Chicago	State IL	Zip Code 60643	Amount of Each Disbursement this Period 1500.00		
Purpose of Disbursement DONATION - MUSIC DEPARTMENT		Category/ Type 012	Transaction ID : SB21.19603		
Candidate Name		Memo Item <input type="checkbox"/>			
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) C. FRIENDS FOR ANDRE SMITH			Date of Disbursement M M / D D / Y Y Y Y 02 / 19 / 2019		
Mailing Address BEST EFFORTS			FEC Identification Number C		
City CHICAGO	State IL	Zip Code 60600	Amount of Each Disbursement this Period 1500.00		
Purpose of Disbursement POLITICAL CONTRIBUTION		Category/ Type 011	Transaction ID : SB21.19619		
Candidate Name		Memo Item <input type="checkbox"/>			
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:					

SUBTOTAL of Disbursements This Page (optional).....▶	3250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 25			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. FRIENDS FOR MARVIN McNEIL			Date of Disbursement M M / D D / Y Y Y Y 02 / 19 / 2019
Mailing Address BEST EFFORTS			FEC Identification Number C
City CHICAGO	State IL	Zip Code 60600	Amount of Each Disbursement this Period 1750.00
Purpose of Disbursement POLITICAL CONTRIBUTION		Category/ Type 011	Transaction ID : SB21.19621
Candidate Name			<input type="checkbox"/> Memo Item
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. Friends of Toni Foulkes			Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2019
Mailing Address P O Box 369108			FEC Identification Number C
City Chicago	State IL	Zip Code 60636	Amount of Each Disbursement this Period 1500.00
Purpose of Disbursement POLITICAL CONTRIBUTION		Category/ Type 011	Transaction ID : SB21.19626
Candidate Name			<input type="checkbox"/> Memo Item
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) C. FRIENDS TO ELECT TONI FOULKES			Date of Disbursement M M / D D / Y Y Y Y 02 / 19 / 2019
Mailing Address P.O. BOX 369108			FEC Identification Number C
City CHICAGO	State IL	Zip Code 60636	Amount of Each Disbursement this Period 1500.00
Purpose of Disbursement CONTRIBUTION		Category/ Type 011	Transaction ID : SB21.19617
Candidate Name			<input type="checkbox"/> Memo Item
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:			

SUBTOTAL of Disbursements This Page (optional).....▶	4750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 18 OF 25	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. RAINBOW PUSH COALITION			Date of Disbursement M M / D D / Y Y Y Y 01 / 19 / 2019	
Mailing Address 940 East 50th Street			FEC Identification Number C	
City Chicago	State IL	Zip Code 60615	Amount of Each Disbursement this Period 600.00	
Purpose of Disbursement DONATION		Category/ Type 012	Transaction ID : SB21.19577	
Candidate Name		Memo Item <input type="checkbox"/>		
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.			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement		Category/ Type	Memo Item <input type="checkbox"/>	
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) C.			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement		Category/ Type	Memo Item <input type="checkbox"/>	
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:				

SUBTOTAL of Disbursements This Page (optional).....▶	600.00
TOTAL This Period (last page this line number only).....▶	8600.00

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

NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Amber, Inn			Nature of Debt (Purpose): Space Rental
Mailing Address 3901 S. Michigan Avenue			
City Chicago	State IL	Zip Code 60653	

Outstanding Balance Beginning This Period 1300.00	Transaction ID : SD10.2928	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1300.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Apostolic Faith Church			Nature of Debt (Purpose): Refund
Mailing Address 3823 S. Indiana Ave.			
City Chicago	State IL	Zip Code 60653	

Outstanding Balance Beginning This Period 500.00	Transaction ID : SD10.457	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor A T & T			Nature of Debt (Purpose): LONG DISTANCE
Mailing Address Bill Payment Center			
City Chicago	State IL	Zip Code 60600	

Outstanding Balance Beginning This Period 1318.61	Transaction ID : SD10.2909	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1318.61

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

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

NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Bloomenthal, Leah, , ,			Nature of Debt (Purpose): Office Supplies
Mailing Address 6325 N. Sheridan			
City Chicago	State IL	Zip Code 60647	

Outstanding Balance Beginning This Period <input type="text" value="62.40"/>	Transaction ID : SD10.458	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="62.40"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Chubb Group Insurance Companies			Nature of Debt (Purpose): Insurance
Mailing Address 30 N. LaSalle Suite 3510			
City Chicago	State IL	Zip Code 60602	

Outstanding Balance Beginning This Period <input type="text" value="1910.00"/>	Transaction ID : SD10.2924	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1910.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Citizens for Gary Lapille			Nature of Debt (Purpose): Refund
Mailing Address P.O. Box 64665			
City Chicago	State IL	Zip Code 60664-1664	

Outstanding Balance Beginning This Period <input type="text" value="2000.00"/>	Transaction ID : SD10.459	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2000.00"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="3972.40"/>
2) TOTALS This Period (last page this line number only)	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

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

NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor ComEd			Nature of Debt (Purpose): Electricity
Mailing Address Bill Payment Center			
City Chicago	State IL	Zip Code 60600	

Outstanding Balance Beginning This Period 9.96		Transaction ID : SD10.8787	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 9.96	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Friends of Bobby Rush			Nature of Debt (Purpose): Estimated Debt for Space usage. Actual amount To Be Determined'
Mailing Address P.O. Box 7292			
City Chicago	State IL	Zip Code 60680-7292	

Outstanding Balance Beginning This Period 2100.00		Transaction ID : SD10.16392	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2100.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Grainger Terry, Inc.			Nature of Debt (Purpose): Printing & Mailing
Mailing Address 1965 W. Pershing Road Building A, 3rd Floor			
City Chicago	State IL	Zip Code 60609	

Outstanding Balance Beginning This Period 6890.00		Transaction ID : SD10.11451	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 6890.00	

1) SUBTOTALS This Period This Page (optional)	▶	8999.96
2) TOTALS This Period (last page this line number only)	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

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

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

FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)

CITIZENS FOR RUSH

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Hodges, Charisse, , ,			Nature of Debt (Purpose): Salary
Mailing Address 3348 S. Giles Ave.			
City Chicago	State IL	Zip Code 60616	

Outstanding Balance Beginning This Period <input style="width: 100%;" type="text" value="850.00"/>		Transaction ID : SD10.460	
Amount Incurred This Period <input style="width: 100%;" type="text" value="0.00"/>	Payment This Period <input style="width: 100%;" type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input style="width: 100%;" type="text" value="850.00"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor James Biery Communications			Nature of Debt (Purpose): Public Relations Fee
Mailing Address 435 W. Wisconsin			
City Chicago	State IL	Zip Code 60614	

Outstanding Balance Beginning This Period <input style="width: 100%;" type="text" value="1000.00"/>		Transaction ID : SD10.461	
Amount Incurred This Period <input style="width: 100%;" type="text" value="0.00"/>	Payment This Period <input style="width: 100%;" type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input style="width: 100%;" type="text" value="1000.00"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Lori Ann Bass & Associates			Nature of Debt (Purpose): Fundraising Fee
Mailing Address 730 N. Franklin			
City Chicago	State IL	Zip Code 60611	

Outstanding Balance Beginning This Period <input style="width: 100%;" type="text" value="94.54"/>		Transaction ID : SD10.462	
Amount Incurred This Period <input style="width: 100%;" type="text" value="0.00"/>	Payment This Period <input style="width: 100%;" type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input style="width: 100%;" type="text" value="94.54"/>	

1) SUBTOTALS This Period This Page (optional)	<input style="width: 100%;" type="text" value="1944.54"/>
2) TOTALS This Period (last page this line number only)	<input style="width: 100%;" type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	<input style="width: 100%;" type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input style="width: 100%;" type="text"/>

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

NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor McCoy, Gil N., , ,			Nature of Debt (Purpose): Refund
Mailing Address 5210 S. Blackstone			
City Chicago	State IL	Zip Code 60615	

Outstanding Balance Beginning This Period 1000.00		Transaction ID : SD10.451	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1000.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor People's Energy			Nature of Debt (Purpose): Heating Fuel
Mailing Address Bill Payment Center			
City Chicago	State IL	Zip Code 60600	

Outstanding Balance Beginning This Period 1403.92		Transaction ID : SD10.8788	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1403.92	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Progressive Land Developers			Nature of Debt (Purpose): Office Rent
Mailing Address 7801 S. Cottage Grove			
City Chicago	State IL	Zip Code 60619	

Outstanding Balance Beginning This Period 1400.00		Transaction ID : SD10.452	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1400.00	

1) SUBTOTALS This Period This Page (optional)	▶	3803.92
2) TOTALS This Period (last page this line number only)	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

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

NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Trib-Co Construction			Nature of Debt (Purpose): Refund
Mailing Address 500 West Monroe			
City Chicago	State IL	Zip Code 60661	

Outstanding Balance Beginning This Period 300.00		Transaction ID : SD10.453	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 300.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Trilla Stell Drum Corp.			Nature of Debt (Purpose): Refund
Mailing Address 2959 West 47th Street			
City Chicago	State IL	Zip Code 60632	

Outstanding Balance Beginning This Period 200.00		Transaction ID : SD10.454	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 200.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Vision, Health Mgmt Systems			Nature of Debt (Purpose): REfund
Mailing Address 2838 S. Indiana			
City Chicago	State IL	Zip Code 60616	

Outstanding Balance Beginning This Period 250.00		Transaction ID : SD10.455	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 250.00	

1) SUBTOTALS This Period This Page (optional)	▶	750.00
2) TOTALS This Period (last page this line number only)	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

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

NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Wright, Robert, , ,			Nature of Debt (Purpose): Salary
Mailing Address 1212 S. Michigan			
City Chicago	State IL	Zip Code 60609	

Outstanding Balance Beginning This Period 3000.00		Transaction ID : SD10.456	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3000.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period		Outstanding Balance at Close of This Period	
Amount Incurred This Period	Payment This Period		

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period		Outstanding Balance at Close of This Period	
Amount Incurred This Period	Payment This Period		

1) SUBTOTALS This Period This Page (optional)	3000.00
2) TOTALS This Period (last page this line number only)	25589.43
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	25589.43