

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

CITIZENS FOR RUSH

Report Covering the Period: From:

M	M
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	0.00	0.00
(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)).....	0.00	0.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	30813.59	34627.52
(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)).....	30813.59	34627.52
8. Cash on Hand at Close of Reporting Period (from Line 27).....	24821.01	
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).....	23489.43	

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 12/2003)

Write or Type Committee Name
CITIZENS FOR RUSH

Report Covering the Period: From:

M	M
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

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

0.00

0.00

(ii) Unitemized.....

0.00

0.00

(iii) TOTAL of contributions

0.00

0.00

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

0.00

0.00

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

0.00

0.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans)

0.00

0.00

(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

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)..... ▶

0.00

0.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	30813.59	34627.52
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	30813.59	34627.52

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	55634.60
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	0.00
25. SUBTOTAL (add Line 23 and Line 24).....	55634.60
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	30813.59
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	24821.01

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

A.	Full Name (Last, First, Middle Initial) A T & T Mailing Address Bill Payment Center City Chicago State IL Zip Code 60600 Purpose of Disbursement Mobile Telephone 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) ▼	Transaction ID: SB17.13476 Date of Disbursement 12 / 13 / 2008 Amount of Each Disbursement this Period 987.42 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) A T & T Mailing Address Bill Payment Center City Chicago State IL Zip Code 60600 Purpose of Disbursement WIRELESS TELEPHONE SERVICE 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: SB17.13494 Date of Disbursement 12 / 28 / 2008 Amount of Each Disbursement this Period 186.11 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) CITIZENS FOR RUSH Mailing Address P. O. Box 7292 City CHICAGO State IL Zip Code 60680-7292 Purpose of Disbursement Lodging - Candidate Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 01 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.13474 Date of Disbursement 12 / 11 / 2008 Amount of Each Disbursement this Period 819.86 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

1993.39

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

A.	Full Name (Last, First, Middle Initial) ComEd Mailing Address Bill Payment Center City Chicago State IL Zip Code 60600 Purpose of Disbursement ELECTRICITY 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: SB17.13497 Date of Disbursement 12 / 15 / 2008 Amount of Each Disbursement this Period 750.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Lamoune Glover Mailing Address 6425 S. Lowe City Chicago State IL Zip Code 60621 Purpose of Disbursement Office Cleaning 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: SB17.13478 Date of Disbursement 11 / 28 / 2008 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
C.	Full Name (Last, First, Middle Initial) Lamoune Glover Mailing Address 6425 S. Lowe City Chicago State IL Zip Code 60621 Purpose of Disbursement Office Cleaning 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: SB17.13477 Date of Disbursement 12 / 14 / 2008 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

SUBTOTAL of Disbursements This Page (optional) ▶

1250.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

A.	Full Name (Last, First, Middle Initial) Lamoune Glover	Transaction ID: SB17.13487 Date of Disbursement 12 / 27 / 2008
	Mailing Address 6425 S. Lowe	Amount of Each Disbursement this Period 250.00
	City Chicago State IL Zip Code 60621	<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 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) ▼
		001 Category/ Type

B.	Full Name (Last, First, Middle Initial) Stephanie A. Henson-Gadlin	Transaction ID: SB17.13485 Date of Disbursement 12 / 06 / 2008
	Mailing Address 1400 W. 73rd Place	Amount of Each Disbursement this Period 750.00
	City Chicago State IL Zip Code 60636	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement PR 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) ▼
		001 Category/ Type

C.	Full Name (Last, First, Middle Initial) Stephanie A. Henson-Gadlin	Transaction ID: SB17.13486 Date of Disbursement 12 / 16 / 2008
	Mailing Address 1400 W. 73rd Place	Amount of Each Disbursement this Period 750.00
	City Chicago State IL Zip Code 60636	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement CONSULTANT-PUBLIC RELATIONS 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) ▼
		001 Category/ Type

SUBTOTAL of Disbursements This Page (optional)	1750.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

A.	Full Name (Last, First, Middle Initial) Sheila L. Jackson Mailing Address P.O. Box 7292 City Chicago State IL Zip Code 60680-7292 Purpose of Disbursement ACCOUNTING FEE 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: SB17.13488 Date of Disbursement 12 / 20 / 2008 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	001 Category/ Type
B.	Full Name (Last, First, Middle Initial) Geraldine Laury Mailing Address 5848 Timberlane Road City Matteson State IL Zip Code 60443 Purpose of Disbursement WORK AT POLITICAL 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) ▼	Transaction ID: SB17.13489 Date of Disbursement 12 / 12 / 2008 Amount of Each Disbursement this Period 300.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	001 Category/ Type
C.	Full Name (Last, First, Middle Initial) Geraldine Laury Mailing Address 5848 Timberlane Road City Matteson State IL Zip Code 60443 Purpose of Disbursement OFFICE WORK 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: SB17.13492 Date of Disbursement 12 / 21 / 2008 Amount of Each Disbursement this Period 300.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	001 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

1600.00

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

.....

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

A.

Full Name (Last, First, Middle Initial)
Office Depot

Mailing Address 5420 S. Lake Park Ave.

City Chicago State IL Zip Code 60615

Purpose of Disbursement
Office Supplies - Toner

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.13479

Date of Disbursement

11 / 28 / 2008

Amount of Each Disbursement this Period

348.52

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

B.

Full Name (Last, First, Middle Initial)
People's Energy

Mailing Address Bill Payment Center

City Chicago State IL Zip Code 60600

Purpose of Disbursement
HEATING FUEL

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.13496

Date of Disbursement

12 / 15 / 2008

Amount of Each Disbursement this Period

1365.78

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

C.

Full Name (Last, First, Middle Initial)
RENAISSANCE M STREET HOTEL

Mailing Address 1143 New Hampshire Ave., NW

City Washington State DC Zip Code 20037

Purpose of Disbursement
lodging

Candidate Name

002
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.13481

Date of Disbursement

12 / 08 / 2008

Amount of Each Disbursement this Period

563.48

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

SUBTOTAL of Disbursements This Page (optional) ▶

2277.78

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

A.

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

Transaction ID: SB17.13501
Date of Disbursement

Mailing Address 3534 S. Calumet Ave.

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	5	/	2	0	0	8

City Chicago State IL Zip Code 60653

Amount of Each Disbursement this Period

Purpose of Disbursement
CONSULTING FEE

001

Category/
Type

2500.00

Candidate Name

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

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

B.

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

Transaction ID: SB17.13475
Date of Disbursement

Mailing Address 3534 S. Calumet Ave.

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

City Chicago State IL Zip Code 60653

Amount of Each Disbursement this Period

Purpose of Disbursement
Consultant Fee

001

Category/
Type

2500.00

Candidate Name

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

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

C.

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

Transaction ID: SB17.13491
Date of Disbursement

Mailing Address 3534 S. Calumet Ave.

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

City Chicago State IL Zip Code 60653

Amount of Each Disbursement this Period

Purpose of Disbursement
CONSULTANT FEE

001

Category/
Type

2500.00

Candidate Name

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

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

A. Full Name (Last, First, Middle Initial) Judy Rush <hr/> Mailing Address 8127 S. Vernon <hr/> City Chicago State IL Zip Code 60619 <hr/> Purpose of Disbursement POLITICAL OFFICE RECEPTIONIST Candidate Name <hr/> 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: SB17.13493 Date of Disbursement <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/>
	Amount of Each Disbursement this Period <input type="text" value="300.00"/>
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	<input type="checkbox"/> Category/Type <input type="text" value="001"/>
B. Full Name (Last, First, Middle Initial) The Competence Group/Chicago Inc. <hr/> Mailing Address 1248 West A;tgeld <hr/> City Chicago State IL Zip Code 60614 <hr/> Purpose of Disbursement fundraising fee Candidate Name <hr/> 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: SB17.13482 Date of Disbursement <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/>
	Amount of Each Disbursement this Period <input type="text" value="5500.00"/>
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	<input type="checkbox"/> Category/Type <input type="text" value="003"/>
C. Full Name (Last, First, Middle Initial) The Competence Group/Chicago Inc. <hr/> Mailing Address 1248 West A;tgeld <hr/> City Chicago State IL Zip Code 60614 <hr/> Purpose of Disbursement FUNDRAISING FEE Candidate Name <hr/> 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: SB17.13483 Date of Disbursement <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/>
	Amount of Each Disbursement this Period <input type="text" value="5500.00"/>
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	<input type="checkbox"/> Category/Type <input type="text" value="003"/>

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 12 / 18

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

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NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

A.

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

Mailing Address O'Hare Airport

City State Zip Code
Chicago IL 00000-0000

Purpose of Disbursement
AIRLINE TICKETS FOR HOUSE SWEARING IN

Candidate Name

002
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.13490
Date of Disbursement

12 / 18 / 2008

Amount of Each Disbursement this Period

2972.42

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

SUBTOTAL of Disbursements This Page (optional)

2972.42

TOTAL This Period (last page this line number only)

30643.59

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 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 <input type="text" value="1300.00"/>		Transaction ID: SD10.2928	
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="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 <input type="text" value="500.00"/>		Transaction ID: SD10.457	
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="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 <input type="text" value="1318.61"/>		Transaction ID: SD10.2909	
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="1318.61"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="3118.61"/>
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

(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 Leah Bloomenthal			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

(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 ComEd			Nature of Debt (Purpose): Electricity
Mailing Address Bill Payment Center			
City Chicago	State IL	ZIP Code 60600	

Outstanding Balance Beginning This Period <input type="text" value="9.96"/>		Transaction ID: SD10.8787	
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="9.96"/>	

B. 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 <input type="text" value="6890.00"/>		Transaction ID: SD10.11451	
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="6890.00"/>	

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

Outstanding Balance Beginning This Period <input type="text" value="850.00"/>		Transaction ID: SD10.460	
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="850.00"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="7749.96"/>
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

(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 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 type="text" value="1000.00"/>		Transaction ID: SD10.461	
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="1000.00"/>	

B. 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 type="text" value="94.54"/>		Transaction ID: SD10.462	
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="94.54"/>	

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

Outstanding Balance Beginning This Period <input type="text" value="1000.00"/>		Transaction ID: SD10.451	
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="1000.00"/>	

1) SUBTOTALS This Period This Page (optional).....	▶	<input type="text" value="2094.54"/>
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

(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 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	

B. 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	

C. 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	

1) SUBTOTALS This Period This Page (optional).....	3103.92
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

(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 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 <input type="text" value="200.00"/>		Transaction ID: SD10.454	
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="200.00"/>	

B. 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 <input type="text" value="250.00"/>		Transaction ID: SD10.455	
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="250.00"/>	

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

Outstanding Balance Beginning This Period <input type="text" value="3000.00"/>		Transaction ID: SD10.456	
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="3000.00"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="3450.00"/>
2) TOTALS This Period (last page this line number only).....	<input type="text" value="23489.43"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text" value="23489.43"/>