

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

Citizens for Robert Abboud

ADDRESS (number and street) 1548 East Algonquin Road

PMB #613

Algonquin IL 60102

Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER** C00437251

CITY **STATE** **ZIP CODE** **STATE** **DISTRICT**

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

IL 16

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 04 2008 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 2008 through 10 15 2008

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 Samuel Melei

Signature of Treasurer Electronically Filed by Samuel Melei Date 10 23 2008

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

Citizens for Robert Abboud

Report Covering the Period:

From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

To:

M	M
1	0

D	D
1	5

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)).....	6928.10	354528.06
(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)).....	6928.10	354528.06
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	19462.46	422263.09
(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)).....	19462.46	422263.09
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1059.84	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	80.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	106405.85	

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 Robert Abboud

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	0

D	D
1	5

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).....

4475.00

216877.16

(ii) Unitemized.....

800.00

16102.02

(iii) TOTAL of contributions

5275.00

232979.18

from individuals..... ▶

0.00

500.00

(b) Political Party Committees.....

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

1000.00

2000.00

(d) The Candidate.....

653.10

119048.88

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))

6928.10

354528.06

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

0.00

0.00

13. LOANS

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

0.00

68794.87

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

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

0.00

68794.87

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)..... ▶

6928.10

423322.93

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	19462.46	422263.09
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) ▶	19462.46	422263.09

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	13594.20
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	6928.10
25. SUBTOTAL (add Line 23 and Line 24).....	20522.30
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	19462.46
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1059.84

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

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

FOR LINE NUMBER: PAGE 5 / 33
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Citizens for Robert Abboud

A. Full Name (Last, First, Middle Initial)
Khaled Akkawi

Mailing Address 75 Windmill Turn

City State Zip Code
Orland Park IL 60467-7339

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Jackson Hewitt franchisee

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

Date of Receipt

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

Transaction ID: C17779002

Amount of Each Receipt this Period
250.00

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

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

Mailing Address 218 Third St

City State Zip Code
Hartford WI 53027-1572

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Wisconsin & Southern RR CEO

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

Date of Receipt

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

Transaction ID: C17769202

Amount of Each Receipt this Period
1000.00

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

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

Mailing Address 333 Point Ct.

City State Zip Code
Algonquin IL 60102

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Grosse Air Engineer

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

Date of Receipt

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

Transaction ID: C17745870

Amount of Each Receipt this Period
50.00

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

SUBTOTAL of Receipts This Page (optional) 1300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 33

(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)
Citizens for Robert Abboud

A.

Full Name (Last, First, Middle Initial)
John Grosse

Mailing Address 333 Point Ct.

City Algonquin State IL Zip Code 60102

FEC ID number of contributing federal political committee. C

Name of Employer Grosse Air Occupation Engineer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

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

Transaction ID: C17769225

Amount of Each Receipt this Period 50.00

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

B.

Full Name (Last, First, Middle Initial)
Sam F Hamra

Mailing Address 3937 St. Andrews Drive

City Springfield State MO Zip Code 65809

FEC ID number of contributing federal political committee. C

Name of Employer Hamra Enterprises Occupation Chairman & CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

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

Transaction ID: C17747450

Amount of Each Receipt this Period 300.00

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

C.

Full Name (Last, First, Middle Initial)
John Hartigan

Mailing Address 1120 W. Albion

City Chicago State IL Zip Code 60626

FEC ID number of contributing federal political committee. C

Name of Employer EnTrust Capital Occupation Managing Director

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt M M / D D / Y Y Y Y
1 0 / 0 5 / 2 0 0 8

Transaction ID: C17769201

Amount of Each Receipt this Period 500.00

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

SUBTOTAL of Receipts This Page (optional) 850.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 7 / 33
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Citizens for Robert Abboud

A. Full Name (Last, First, Middle Initial)
Stephanie Schladweiler
 Mailing Address 140 Tennies Dr
 City State Zip Code
Slinger WI 53086
 FEC ID number of contributing federal political committee. **C**
 Name of Employer none Occupation Information Requested
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 1 1 / 2 0 0 8
Transaction ID: C17769242
 Amount of Each Receipt this Period
 2300.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Michael Simms
 Mailing Address 4293 Ratcliffe Drive
 City State Zip Code
Belvidere IL 61008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Chrysler Occupation Fork Lift Driver
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 0 1 / 2 0 0 8
Transaction ID: C17745825
 Amount of Each Receipt this Period
 25.00
 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) ► **4475.00**

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 / 33
	(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)
Citizens for Robert Abboud

A.

Full Name (Last, First, Middle Initial) Arab American Leadership Pac		Date of Receipt
Mailing Address 1600 K St NW Ste 601		<input type="text" value="10"/> / <input type="text" value="02"/> / <input type="text" value="2008"/>
City	State	Zip Code
Washington	DC	20006-2834
FEC ID number of contributing federal political committee.		Transaction ID: C17747449
<input type="text" value="C"/> <input type="text" value="C00194225"/>		Amount of Each Receipt this Period
Name of Employer		<input type="text" value="1000.00"/>
Occupation		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008	Election Cycle-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="2000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="1000.00"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 33
	(check only one)
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 11d
	<input type="checkbox"/> 14
	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Citizens for Robert Abboud

A.	Full Name (Last, First, Middle Initial) Robert G. Abboud	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 4 / 2 0 0 8
	Mailing Address 13 Country Oaks Lane	Transaction ID: C17828201
	City State Zip Code Barrington Hills IL 60010	Amount of Each Receipt this Period 75.93
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation RGA Labs, Inc Engineer Receipt For: 2008 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 187843.75	* In-Kind: Travel Expenses Exxon Mobil Gas

B.	Full Name (Last, First, Middle Initial) Robert G. Abboud	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 6 / 2 0 0 8
	Mailing Address 13 Country Oaks Lane	Transaction ID: C17828203
	City State Zip Code Barrington Hills IL 60010	Amount of Each Receipt this Period 126.50
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation RGA Labs, Inc Engineer Receipt For: 2008 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 187843.75	* In-Kind: Travel Expenses Stockton Travel Gas

C.	Full Name (Last, First, Middle Initial) Robert G. Abboud	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 7 / 2 0 0 8
	Mailing Address 13 Country Oaks Lane	Transaction ID: C17828205
	City State Zip Code Barrington Hills IL 60010	Amount of Each Receipt this Period 67.41
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation RGA Labs, Inc Engineer Receipt For: 2008 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 187843.75	* In-Kind: Travel Expenses Exxon Mobil Gas

SUBTOTAL of Receipts This Page (optional)	269.84
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input checked="" type="checkbox"/> 11d (check only one)	PAGE 10 / 33
	<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)
Citizens for Robert Abboud

A.	Full Name (Last, First, Middle Initial) Robert G. Abboud	Date of Receipt MM / DD / YYYY 10 / 10 / 2008
	Mailing Address 13 Country Oaks Lane	Transaction ID: C17828225
	City State Zip Code Barrington Hills IL 60010	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer RGA Labs, Inc	Occupation Engineer	* In-Kind: travel expense-IPASS - tolls
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 187843.75	

B.	Full Name (Last, First, Middle Initial) Robert G. Abboud	Date of Receipt MM / DD / YYYY 10 / 11 / 2008
	Mailing Address 13 Country Oaks Lane	Transaction ID: C17828207
	City State Zip Code Barrington Hills IL 60010	Amount of Each Receipt this Period 118.98
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer RGA Labs, Inc	Occupation Engineer	* In-Kind: Travel Expenses Rochell Travel Plaza Gas
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 187843.75	

C.	Full Name (Last, First, Middle Initial) Robert G. Abboud	Date of Receipt MM / DD / YYYY 10 / 12 / 2008
	Mailing Address 13 Country Oaks Lane	Transaction ID: C17828449
	City State Zip Code Barrington Hills IL 60010	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer RGA Labs, Inc	Occupation Engineer	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 187843.75	

SUBTOTAL of Receipts This Page (optional)	258.98
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 11 / 33
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Citizens for Robert Abboud

A. Full Name (Last, First, Middle Initial)
Robert G. Abboud

Mailing Address 13 Country Oaks Lane

City State Zip Code
Barrington Hills IL 60010

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

Name of Employer Occupation
RGA Labs, Inc Engineer

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

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 0 8

Transaction ID: C17828199

Amount of Each Receipt this Period
58.53

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

* In-Kind: Travel Expenses
BP Gas

B. Full Name (Last, First, Middle Initial)
Robert G. Abboud

Mailing Address 13 Country Oaks Lane

City State Zip Code
Barrington Hills IL 60010

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

Name of Employer Occupation
RGA Labs, Inc Engineer

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

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 0 8

Transaction ID: C17828212

Amount of Each Receipt this Period
65.75

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

* In-Kind: Travel Expenses
Thorntons Gas

SUBTOTAL of Receipts This Page (optional) ► **124.28**

TOTAL This Period (last page this line number only) ► **653.10**

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 Robert Abboud

A.

Full Name (Last, First, Middle Initial)
Act Blue/Auburn Quad, Inc.

Transaction ID: D338714
Date of Disbursement

Mailing Address P.O. Box 390728

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

City Cambridge State MA Zip Code 02139

Amount of Each Disbursement this Period

66.17

Purpose of Disbursement
online donation service fee

--

Candidate Name

--

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

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Act Blue/Auburn Quad, Inc.

Transaction ID: D338715
Date of Disbursement

Mailing Address P.O. Box 390728

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

City Cambridge State MA Zip Code 02139

Amount of Each Disbursement this Period

6.92

Purpose of Disbursement
online donation service fee

--

Candidate Name

--

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

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Act Blue/Auburn Quad, Inc.

Transaction ID: D338716
Date of Disbursement

Mailing Address P.O. Box 390728

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

City Cambridge State MA Zip Code 02139

Amount of Each Disbursement this Period

90.85

Purpose of Disbursement
online donation service fee

--

Candidate Name

--

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

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

163.94

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 Robert Abboud

<p>A. Full Name (Last, First, Middle Initial) Act Blue/Auburn Quad, Inc.</p> <p>Mailing Address P.O. Box 390728</p> <p>City Cambridge State MA Zip Code 02139</p> <p>Purpose of Disbursement online donation service fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D338717 Date of Disbursement 10 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 17.78</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Marianna Anderson</p> <p>Mailing Address 6455 Oak Crest Lane</p> <p>City Loves Park State IL Zip Code 61111</p> <p>Purpose of Disbursement canvassing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D338883 Date of Disbursement 10 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Mike Carroll</p> <p>Mailing Address 612 North Chicago Avenue</p> <p>City Rockford State IL Zip Code 61107</p> <p>Purpose of Disbursement campaign communications/media relations consulting fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D335321 Date of Disbursement 10 / 06 / 2008</p> <p>Amount of Each Disbursement this Period 2250.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4267.78

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 Robert Abboud

A.

Full Name (Last, First, Middle Initial)
Full House Signs

Mailing Address 6515 W. Pershing Road

City State Zip Code
Stickney IL 60402

Purpose of Disbursement
campaign signs
Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: D338866
Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

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

B.

Full Name (Last, First, Middle Initial)
Eric Howanietz

Mailing Address 210 Elmhurst Road

City State Zip Code
Crystal Lake IL 60051

Purpose of Disbursement
campaign field operations consulting fee
Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: D337834
Date of Disbursement

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

Amount of Each Disbursement this Period

2000.00

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

C.

Full Name (Last, First, Middle Initial)
P. Denise Israel

Mailing Address 17 Country Oaks Lane

City State Zip Code
Barrington Hills IL 60010

Purpose of Disbursement
campaign office administrative services
Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: D335320
Date of Disbursement

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

Amount of Each Disbursement this Period

469.00

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

SUBTOTAL of Disbursements This Page (optional)

3469.00

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 Robert Abboud

A.	Full Name (Last, First, Middle Initial) Jack Larson Video Production <hr/> Mailing Address 2900 Glacier Way Unit D <hr/> City Wauconda State IL Zip Code 60084-5059 <hr/> Purpose of Disbursement campaign video fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D337833 Date of Disbursement 10 / 14 / 2008 <hr/> Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Casey Lee Justice <hr/> Mailing Address 1101 S State St Apt 2001 <hr/> City Chicago State IL Zip Code 60605-3211 <hr/> Purpose of Disbursement campaign fundraising consulting fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D334053 Date of Disbursement 10 / 03 / 2008 <hr/> Amount of Each Disbursement this Period 3453.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Kelly Moura <hr/> Mailing Address 612 North Chicago Avenue <hr/> City Rockford State IL Zip Code 61107 <hr/> Purpose of Disbursement campaign management consulting services Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D334046 Date of Disbursement 10 / 02 / 2008 <hr/> Amount of Each Disbursement this Period 2750.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

6703.00

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 Robert Abboud

A.	Full Name (Last, First, Middle Initial) NGP Software, Inc.	Transaction ID: D343017 Date of Disbursement 10 / 03 / 2008
	Mailing Address 1225 Eye Street, NW Suite 1225	Amount of Each Disbursement this Period 1500.00
	City Washington State DC Zip Code 20005	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement campaign finance software Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) NGP Software, Inc.	Transaction ID: D343018 Date of Disbursement 10 / 13 / 2008
	Mailing Address 1225 Eye Street, NW Suite 1225	Amount of Each Disbursement this Period 1500.00
	City Washington State DC Zip Code 20005	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement campaign finance software Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Robert G. Abboud	Transaction ID: D342917 Date of Disbursement 10 / 14 / 2008
	Mailing Address 13 Country Oaks Lane	Amount of Each Disbursement this Period 58.53
	City Barrington Hills State IL Zip Code 60010	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Travel Expenses BP Gas Candidate Name Robert Abboud	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 16	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

* In-Kind Received

SUBTOTAL of Disbursements This Page (optional)	3058.53
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 Robert Abboud

A.	Full Name (Last, First, Middle Initial) Robert G. Abboud	Transaction ID: D342918 Date of Disbursement 10 / 04 / 2008
	Mailing Address 13 Country Oaks Lane	Amount of Each Disbursement this Period 75.93
	City Barrington Hills State IL Zip Code 60010	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Travel Expenses Exxon Mobil Gas	
	Candidate Name Robert Abboud	* In-Kind Received
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 16	
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Robert G. Abboud	Transaction ID: D342921 Date of Disbursement 10 / 06 / 2008
	Mailing Address 13 Country Oaks Lane	Amount of Each Disbursement this Period 126.50
	City Barrington Hills State IL Zip Code 60010	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Travel Expenses Stockton Travel Gas	
	Candidate Name Robert Abboud	* In-Kind Received
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 16	
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Robert G. Abboud	Transaction ID: D342924 Date of Disbursement 10 / 07 / 2008
	Mailing Address 13 Country Oaks Lane	Amount of Each Disbursement this Period 67.41
	City Barrington Hills State IL Zip Code 60010	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Travel Expenses Exxon Mobil Gas	
	Candidate Name Robert Abboud	* In-Kind Received
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 16	
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	269.84
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Citizens for Robert Abboud

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Robert G. Abboud</p> <hr/> <p>Mailing Address 13 Country Oaks Lane</p> <hr/> <p>City Barrington Hills State IL Zip Code 60010</p> <hr/> <p>Purpose of Disbursement Travel Expenses Rochell Travel Plaza Gas</p> <hr/> <p>Candidate Name Robert Abboud</p> <hr/> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 16</p> <hr/> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D342925</p> <p>Date of Disbursement 10 / 11 / 2008</p> <hr/> <p>Amount of Each Disbursement this Period 118.98</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>* In-Kind Received</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Robert G. Abboud</p> <hr/> <p>Mailing Address 13 Country Oaks Lane</p> <hr/> <p>City Barrington Hills State IL Zip Code 60010</p> <hr/> <p>Purpose of Disbursement Travel Expenses Thorntons Gas</p> <hr/> <p>Candidate Name Robert Abboud</p> <hr/> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 16</p> <hr/> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D342930</p> <p>Date of Disbursement 10 / 14 / 2008</p> <hr/> <p>Amount of Each Disbursement this Period 65.75</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>* In-Kind Received</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Robert G. Abboud</p> <hr/> <p>Mailing Address 13 Country Oaks Lane</p> <hr/> <p>City Barrington Hills State IL Zip Code 60010</p> <hr/> <p>Purpose of Disbursement travel expense- IPASS - tolls</p> <hr/> <p>Candidate Name Robert Abboud</p> <hr/> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 16</p> <hr/> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D342941</p> <p>Date of Disbursement 10 / 10 / 2008</p> <hr/> <p>Amount of Each Disbursement this Period 40.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>* In-Kind Received</p>

SUBTOTAL of Disbursements This Page (optional) ►

224.73

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 19 / 33

<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 Robert Abboud

A.	Full Name (Last, First, Middle Initial) Stephen Westrich	Transaction ID: D334044
	Mailing Address 9357 S Sullivan Pl	Date of Disbursement 10 / 02 / 2008
	City Terre Haute State IN Zip Code 47802-8940	Amount of Each Disbursement this Period 1075.64
	Purpose of Disbursement campaign field operations consulting services	<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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) Winnebago Democratic Party	Transaction ID: D338876
	Mailing Address 316 Mulberry St	Date of Disbursement 10 / 04 / 2008
	City Rockford State IL Zip Code 61101-1012	Amount of Each Disbursement this Period 80.00
	Purpose of Disbursement campaign fundraiser tickets	<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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ►

1155.64

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

19312.46

SCHEDULE C (FEC Form 3)

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

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

LOANS

NAME OF COMMITTEE (In Full)
Citizens for Robert Abboud

Transaction ID: L595

LOAN SOURCE Full Name (Last, First, Middle Initial)
Robert G. Abboud, PERS FUNDS - [PERSONAL FUND-
S]

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address 13 Country Oaks Lane

City Barrington Hills State IL ZIP Code 60010

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10000.00	0.00	10000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:																
<table style="font-size: small;"> <tr><td>M</td><td>M</td></tr> <tr><td>0</td><td>1</td></tr> </table> <table style="font-size: small;"> <tr><td>D</td><td>D</td></tr> <tr><td>0</td><td>7</td></tr> </table> <table style="font-size: small;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>2</td><td>0</td><td>0</td><td>8</td></tr> </table>	M	M	0	1	D	D	0	7	Y	Y	Y	Y	2	0	0	8	11/15/2009	.0000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
M	M																		
0	1																		
D	D																		
0	7																		
Y	Y	Y	Y																
2	0	0	8																

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

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

SUBTOTALS This Period This Page (optional)	<input style="width: 100%;" type="text" value="10000.00"/>
TOTALS This Period (last page in this line only)	<input style="width: 100%;" type="text" value=".00"/>

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

SCHEDULE C (FEC Form 3)

LOANS

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

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

NAME OF COMMITTEE (In Full)
Citizens for Robert Abboud

Transaction ID: L596

LOAN SOURCE Full Name (Last, First, Middle Initial)
Robert G. Abboud, PERS FUNDS - [PERSONAL FUND-
S]

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address 13 Country Oaks Lane

City Barrington Hills State IL ZIP Code 60010

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1200.00	0.00	1200.00

TERMS

Date Incurred: MM 01 DD 22 YY 2008
 Date Due: _____ Interest Rate: .0000 % (apr)
 Secured: Yes No

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

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

SUBTOTALS This Period This Page (optional)	▶ 1200.00
TOTALS This Period (last page in this line only)	▶ .00

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

SCHEDULE C (FEC Form 3)

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

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

LOANS

NAME OF COMMITTEE (In Full)
Citizens for Robert Abboud

Transaction ID: L603

LOAN SOURCE Full Name (Last, First, Middle Initial)
Robert G. Abboud, PERS FUNDS - [PERSONAL FUND-
S]

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address 13 Country Oaks Lane

City Barrington Hills State IL ZIP Code 60010

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
38000.00	0.00	38000.00

TERMS

Date Incurred Date Due Interest Rate % (apr) Secured: Yes No

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

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

SUBTOTALS This Period This Page (optional)	<input type="text" value="38000.00"/>
TOTALS This Period (last page in this line only)	<input type="text" value=".00"/>

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

SCHEDULE C (FEC Form 3)

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

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

LOANS

NAME OF COMMITTEE (In Full)
Citizens for Robert Abboud

Transaction ID: L691

LOAN SOURCE Full Name (Last, First, Middle Initial)
Robert G. Abboud, PERS FUNDS - [PERSONAL FUND-
S]

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address 13 Country Oaks Lane

City Barrington Hills State IL ZIP Code 60010

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
583.95	0.00	583.95

TERMS

Date Incurred: M M 05 D D 27 Y Y Y Y 2008
Date Due: _____ Interest Rate: .0000 % (apr)
Secured: Yes No

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

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

SUBTOTALS This Period This Page (optional)	583.95
TOTALS This Period (last page in this line only)00

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

SCHEDULE C (FEC Form 3)

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

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

LOANS

NAME OF COMMITTEE (In Full)
Citizens for Robert Abboud

Transaction ID: L692

LOAN SOURCE Full Name (Last, First, Middle Initial) Robert G. Abboud, PERS FUNDS - [PERSONAL FUND-S] Mailing Address 13 Country Oaks Lane City Barrington Hills State IL ZIP Code 60010	Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3510.92	0.00	3510.92

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 0 5 D D 2 8 Y Y Y Y 2 0 0 8		.0000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional)	<input style="width: 100%;" type="text" value="3510.92"/>
TOTALS This Period (last page in this line only)	<input style="width: 100%;" type="text" value=".00"/>

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

SCHEDULE C (FEC Form 3)

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

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

LOANS

NAME OF COMMITTEE (In Full)
Citizens for Robert Abboud

Transaction ID: L693

LOAN SOURCE Full Name (Last, First, Middle Initial)
Robert G. Abboud, PERS FUNDS - [PERSONAL FUND-
S]

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address 13 Country Oaks Lane

City Barrington Hills State IL ZIP Code 60010

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
7000.00	0.00	7000.00

TERMS

Date Incurred: M M 06 D D 18 Y Y Y Y 2008
Date Due: _____ Interest Rate: .0000 % (apr) Secured: Yes No

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

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

SUBTOTALS This Period This Page (optional)	▶	7000.00
TOTALS This Period (last page in this line only)	▶	.00

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

SCHEDULE C (FEC Form 3)

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

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

LOANS

NAME OF COMMITTEE (In Full)
Citizens for Robert Abboud

Transaction ID: L694

LOAN SOURCE Full Name (Last, First, Middle Initial) Robert G. Abboud, PERS FUNDS - [PERSONAL FUND-S] Mailing Address 13 Country Oaks Lane City Barrington Hills State IL ZIP Code 60010	Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
---	--

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3100.00	0.00	3100.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:																
<table style="font-size: small;"> <tr><td>M</td><td>M</td></tr> <tr><td>06</td><td></td></tr> </table>	M	M	06		<table style="font-size: small;"> <tr><td>D</td><td>D</td></tr> <tr><td>27</td><td></td></tr> </table>	D	D	27		<table style="font-size: small;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>2</td><td>0</td><td>0</td><td>8</td></tr> </table>	Y	Y	Y	Y	2	0	0	8	.0000 % (apr) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
M	M																		
06																			
D	D																		
27																			
Y	Y	Y	Y																
2	0	0	8																

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

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

SUBTOTALS This Period This Page (optional)	<input style="width: 100%;" type="text" value="3100.00"/>
TOTALS This Period (last page in this line only)	<input style="width: 100%;" type="text" value=".00"/>

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

SCHEDULE C (FEC Form 3)

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

LOANS

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

NAME OF COMMITTEE (In Full)
Citizens for Robert Abboud

Transaction ID: L699

LOAN SOURCE Full Name (Last, First, Middle Initial)
Robert G. Abboud, PERS FUNDS - [PERSONAL FUND-S]

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address 13 Country Oaks Lane

City Barrington Hills State IL ZIP Code 60010

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
400.00	0.00	400.00

TERMS

Date Incurred: MM 07 DD 04 YYYY 2008
 Date Due: _____ Interest Rate: .0000 % (apr)
 Secured: Yes No

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

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

SUBTOTALS This Period This Page (optional)	▶	400.00
TOTALS This Period (last page in this line only)	▶	.00

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

SCHEDULE C (FEC Form 3)

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

PAGE 28 / 33

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

LOANS

NAME OF COMMITTEE (In Full)
Citizens for Robert Abboud

Transaction ID: L700

LOAN SOURCE Full Name (Last, First, Middle Initial)
Robert G. Abboud, PERS FUNDS - [PERSONAL FUND-S]

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address 13 Country Oaks Lane

City Barrington Hills State IL ZIP Code 60010

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
4000.00	0.00	4000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
MM 07 DD 09 YYYY 2008		.0000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional)	<input style="width: 100%;" type="text" value="4000.00"/>
TOTALS This Period (last page in this line only)	<input style="width: 100%;" type="text" value=".00"/>

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

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 29 / 33
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Citizens for Robert Abboud

Transaction ID: L701

LOAN SOURCE Full Name (Last, First, Middle Initial) Robert G. Abboud, PERS FUNDS - [PERSONAL FUND-S]	Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 13 Country Oaks Lane	
City Barrington Hills State IL ZIP Code 60010	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000.00	0.00	1000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 07 D D 10 Y Y Y Y 2008		.0000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional)	1000.00
TOTALS This Period (last page in this line only)	68794.87

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

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

(Use separate schedule(s) for each numbered line)	PAGE 30 / 33	
	FOR LINE NUMBER: (check only one)	<input checked="" type="checkbox"/> 9 <input type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
 Citizens for Robert Abboud

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Elizabeth Community			Nature of Debt (Purpose): security deposit refund
Mailing Address U. S. HWY. 20, W.			
City Elizabeth	State IL	ZIP Code 61028	

Outstanding Balance Beginning This Period		Transaction ID: C17700844	
80.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	80.00	

1) SUBTOTALS This Period This Page (optional).....	80.00
2) TOTALS This Period (last page this line number only).....	80.00
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)	80.00

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 31 / 33
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Citizens for Robert Abboud

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Fox River Grove LP	Nature of Debt (Purpose): rent
Mailing Address 960 Route 22	
City State ZIP Code Fox River Grove IL 60021	

Outstanding Balance Beginning This Period 840.00	Transaction ID: D321603	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 840.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Fox River Grove LP	Nature of Debt (Purpose): Rent
Mailing Address 960 Route 22	
City State ZIP Code Fox River Grove IL 60021	

Outstanding Balance Beginning This Period 2520.00	Transaction ID: D338904	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2520.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor K&K Associates, Inc.	Nature of Debt (Purpose): rent
Mailing Address 1019 Franklin Pl	
City State ZIP Code Rockford IL 61103-7011	

Outstanding Balance Beginning This Period 3150.00	Transaction ID: D321602	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3150.00

1) SUBTOTALS This Period This Page (optional).....	6510.00
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

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Citizens for Robert Abboud

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Robert G. Abboud	Nature of Debt (Purpose): reimbursement for nontravel advances
Mailing Address 13 Country Oaks Lane	
City State ZIP Code Barrington Hills IL 60010	

Outstanding Balance Beginning This Period 3761.14	Transaction ID: D301470	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3761.14

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Robert G. Abboud	Nature of Debt (Purpose): reimbursement for nontravel advances
Mailing Address 13 Country Oaks Lane	
City State ZIP Code Barrington Hills IL 60010	

Outstanding Balance Beginning This Period 18423.03	Transaction ID: D321455	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 18423.03

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Robert G. Abboud	Nature of Debt (Purpose): reimbursement for nontravel advances
Mailing Address 13 Country Oaks Lane	
City State ZIP Code Barrington Hills IL 60010	

Outstanding Balance Beginning This Period 8916.81	Transaction ID: D338762	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 8916.81

1) SUBTOTALS This Period This Page (optional).....	31100.98
2) TOTALS This Period (last page this line number only).....	37610.98
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	68794.87
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	106405.85

Image# 28934170516

Form/Schedule: **SC/10**
Transaction ID: **L595**

14597235

Form/Schedule: **SC/10**
Transaction ID: **L596**

14597481
