

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

Friends of Sara

ADDRESS (number and street) 3213 N WILTON AVE UNIT A

Check if different than previously reported. (ACC)

CHICAGO IL 60657

2. **FEC IDENTIFICATION NUMBER** C00457267

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

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

IL 05

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 [] [] [] in the State of []

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

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

Election on [] [] [] in the State of []

5. Covering Period 02 12 2009 through 03 31 2009

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 ANGELINA M. ROSSI

Signature of Treasurer Electronically Filed by ANGELINA M. ROSSI Date 04 15 2009

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

Friends of Sara

Report Covering the Period:

From:

| | |
|---|---|
| M | M |
| 0 | 2 |

| | |
|---|---|
| D | D |
| 1 | 2 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

To:

| | |
|---|---|
| M | M |
| 0 | 3 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

| | 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))..... | 320293.87 | 870888.79 |
| (b) Total Contribution Refunds (from Line 20(d))..... | 20696.82 | 29851.82 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))..... | 299597.05 | 841036.97 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17)..... | 694375.20 | 929819.16 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 1048.00 | 1048.00 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))..... | 693327.20 | 928771.16 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 12269.61 | |
| 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)..... | 111430.52 | |

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

Write or Type Committee Name
Friends of Sara

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 2 |

| | |
|---|---|
| D | D |
| 1 | 2 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

 To:

| | |
|---|---|
| M | M |
| 0 | 3 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

| 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)..... | 229870.87 | 680933.69 |
| (ii) Unitemized..... | 51323.00 | 112305.10 |
| (iii) TOTAL of contributions from individuals..... ▶ | 281193.87 | 793238.79 |
| (b) Political Party Committees..... | 0.00 | 1000.00 |
| (c) Other Political Committees (such as PACS)..... | 39100.00 | 76650.00 |
| (d) The Candidate..... | 0.00 | 0.00 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)) | 320293.87 | 870888.79 |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES..... | 0.00 | 0.00 |
| 13. LOANS | | |
| (a) Made or Guaranteed by the Candidate..... | 100000.00 | 100000.00 |
| (b) All Other Loans..... | 0.00 | 0.00 |
| (c) TOTAL LOANS (add Lines 13(a) and (b))..... | 100000.00 | 100000.00 |
| 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)..... | 1048.00 | 1048.00 |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.)..... | 3.80 | 3.80 |
| 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶ | 421345.67 | 971940.59 |

DETAILED SUMMARY PAGE
of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|---------------------------------------|--|
| 17. OPERATING EXPENDITURES..... | 694375.20 | 929819.16 |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES..... | 0.00 | 0.00 |
| 19. LOAN REPAYMENTS: | | |
| (a) Of Loans Made or Guaranteed by the Candidate..... | 0.00 | 0.00 |
| (b) Of all Other Loans..... | 0.00 | 0.00 |
| (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))..... | 0.00 | 0.00 |
| 20. REFUNDS OF CONTRIBUTIONS TO: | | |
| (a) Individuals/Persons Other Than Political Committees..... | 20696.82 | 28601.82 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 1250.00 |
| (d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))..... | 20696.82 | 29851.82 |
| 21. OTHER DISBURSEMENTS..... | 0.00 | 0.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶ | 715072.02 | 959670.98 |

III. CASH SUMMARY

| | |
|---|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 305995.96 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3)..... | 421345.67 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 727341.63 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 715072.02 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 12269.61 |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 5 / 232 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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

NAME OF COMMITTEE (In Full)
Friends of Sara

| | | |
|-----------|---|---|
| A. | Full Name (Last, First, Middle Initial) David Abrams | Date of Receipt MM / DD / YYYY 02 / 27 / 2009 |
| | Mailing Address 3627 N. Sheffield | Transaction ID: C24182 |
| | City State Zip Code Chicago IL 60613 | Amount of Each Receipt this Period 500.00 |
| | FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| | Name of Employer Skybox on Sheffield Occupation Owner Receipt For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00 | |

| | | |
|-----------|--|---|
| B. | Full Name (Last, First, Middle Initial) Brent E Adams | Date of Receipt MM / DD / YYYY 02 / 16 / 2009 |
| | Mailing Address 3232 N. Halsted, Unit D-710 | Transaction ID: C5160255 |
| | City State Zip Code Chicago IL 60657 | Amount of Each Receipt this Period 50.00 |
| | 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 State of Illinois Occupation attorney Receipt For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 850.00 | |

| | | |
|-----------|---|---|
| C. | Full Name (Last, First, Middle Initial) Michael Alexander | Date of Receipt MM / DD / YYYY 03 / 20 / 2009 |
| | Mailing Address 4113 N. Kenmore Ave | Transaction ID: C25360 |
| | City State Zip Code Chicago IL 60613 | Amount of Each Receipt this Period 150.00 |
| | 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 Self Occupation Gov't Affairs Receipt For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1400.00 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 700.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 232

(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)
Friends of Sara

A.

Full Name (Last, First, Middle Initial)
Roosevelt Allen

Mailing Address 9125 Prairie Village Dr

City State Zip Code
Kenosha WI 53142-3809

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
allenfirm llc attorney

Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 13 / 2009

Transaction ID: C5159969

Amount of Each Receipt this Period
400.00

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

B.

Full Name (Last, First, Middle Initial)
Mark Amdur

Mailing Address 1024 W. Oakdale

City State Zip Code
Chicago IL 60657

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
self psychiatrist

Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 18 / 2009

Transaction ID: C5163757

Amount of Each Receipt this Period
500.00

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

C.

Full Name (Last, First, Middle Initial)
Chris Andersen

Mailing Address 725 Jody Ln.

City State Zip Code
Hoffman Estates IL 60169

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Information Requested Information Requested

Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 24 / 2009

Transaction ID: C21887

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) 1150.00

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 / 232
(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)
Friends of Sara

A.

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) David Anderson | | Date of Receipt MM / DD / YYYY 02 / 19 / 2009 |
| Mailing Address 8804 Liberty Lane | | Transaction ID: C5164122 |
| City Potomac | State MD | Zip Code 20854 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 150.00 |
| Name of Employer The Washington Center for Internships | Occupation Senior VP Gov. Relations | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 400.00 | |

B.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) Jane F. Anderson | | Date of Receipt MM / DD / YYYY 03 / 23 / 2009 |
| Mailing Address 1221 W School St FI 3 | | Transaction ID: C25586 |
| City Chicago | State IL | Zip Code 60657-1425 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Anderson & Moore | Occupation Attorney | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 750.00 | |

C.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) Frank Anselmo | | Date of Receipt MM / DD / YYYY 02 / 23 / 2009 |
| Mailing Address 6732 Beckwith Rd | | Transaction ID: C21626 |
| City Morton Grove | State IL | Zip Code 60053-1318 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 50.00 |
| Name of Employer Health Care Association | Occupation CBHA-1 | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 250.00 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 450.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 232
(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)
Friends of Sara

A.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) Stan Aron | | Date of Receipt MM / DD / YYYY 02 / 23 / 2009 |
| Mailing Address 840 Port Clinton Ct | | Transaction ID: C21588 |
| City Buffalo Grove | State IL | Zip Code 60089 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer Self | Occupation Executive | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 500.00 | |

B.

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) Thomas Balanoff | | Date of Receipt MM / DD / YYYY 02 / 24 / 2009 |
| Mailing Address 1156 Ridgewood Dr. | | Transaction ID: C21889 |
| City Highland Park | State IL | Zip Code 60035 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer SEIU | Occupation Illinois State Council President | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 500.00 | |

C.

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) Marcia Balonick | | Date of Receipt MM / DD / YYYY 03 / 02 / 2009 |
| Mailing Address 367 Charal Ln | | Transaction ID: C24648 |
| City Highland Park | State IL | Zip Code 60035-5103 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Information Requested | Occupation Information Requested | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 250.00 | |

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1250.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 232

(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)
Friends of Sara

A.

Full Name (Last, First, Middle Initial)
Vicory E Barb

Mailing Address 5315 N Clark St
309

City Chicago State IL Zip Code 60640-2290

FEC ID number of contributing federal political committee. C

Name of Employer Lake County Forest Preserve Occupation Executive Director

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 364.70

Date of Receipt M M / D D / Y Y Y Y
0 2 / 2 1 / 2 0 0 9

Transaction ID: C25859

Amount of Each Receipt this Period 364.70

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

* In-Kind: Catering

B.

Full Name (Last, First, Middle Initial)
Karen Barker

Mailing Address 2045 West Grace

City Kankakee State IL Zip Code 60901

FEC ID number of contributing federal political committee. C

Name of Employer Secretary of State Occupation Liaison

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt M M / D D / Y Y Y Y
0 2 / 1 6 / 2 0 0 9

Transaction ID: C5160107

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)
Maura Barrett

Mailing Address 1615 W. Bryn Mawr

City Chicago State IL Zip Code 60660

FEC ID number of contributing federal political committee. C

Name of Employer Mega Steel Corporation Occupation Vice President

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt M M / D D / Y Y Y Y
0 2 / 2 6 / 2 0 0 9

Transaction ID: C22942

Amount of Each Receipt this Period 300.00

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

SUBTOTAL of Receipts This Page (optional) 1664.70

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 10 / 232 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Friends of Sara

| | | | |
|-----------|---|---------------------------------|---|
| A. | Full Name (Last, First, Middle Initial) Paula Basta | | Date of Receipt MM / DD / YYYY 02 / 21 / 2009 |
| | Mailing Address 1930 W Estes Ave #403 | | Transaction ID: C21519 |
| | City Chicago | State IL | Zip Code 60626-2363 |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 50.00 |
| | Name of Employer City of Chicago | Occupation Regional Director | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |

| | |
|--|--------------------------|
| Receipt For: 2009 | Election Cycle-to-Date ▼ |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | 764.70 |
| <input type="checkbox"/> Other (specify) ▼ | |

| | | | |
|-----------|---|---------------------------------|---|
| B. | Full Name (Last, First, Middle Initial) Paula Basta | | Date of Receipt MM / DD / YYYY 02 / 21 / 2009 |
| | Mailing Address 1930 W Estes Ave #403 | | Transaction ID: C25858 |
| | City Chicago | State IL | Zip Code 60626-2363 |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 364.70 |
| | Name of Employer City of Chicago | Occupation Regional Director | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |

| | |
|--|--------------------------|
| Receipt For: 2009 | Election Cycle-to-Date ▼ |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | 764.70 |
| <input type="checkbox"/> Other (specify) ▼ | |

* In-Kind: Catering

| | | | |
|-----------|---|---------------------------------|---|
| C. | Full Name (Last, First, Middle Initial) Paula Basta | | Date of Receipt MM / DD / YYYY 02 / 25 / 2009 |
| | Mailing Address 1930 W Estes Ave #403 | | Transaction ID: C22705 |
| | City Chicago | State IL | Zip Code 60626-2363 |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 100.00 |
| | Name of Employer City of Chicago | Occupation Regional Director | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |

| | |
|--|--------------------------|
| Receipt For: 2009 | Election Cycle-to-Date ▼ |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | 764.70 |
| <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 514.70 |
| 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 / 232
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Sara

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

Mailing Address 53 W Jackson, Suite 1115

City State Zip Code
Chicago IL 60604

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

Name of Employer Occupation
Bauch & Michaels, LLC Attorney

Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
02 / 23 / 2009

Transaction ID: C21637

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Kevin J. Bell

Mailing Address 2126 N. Lincoln Ave

City State Zip Code
Chicago IL 60614

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

Name of Employer Occupation
Lincoln Park Zoo President/CEO

Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
02 / 18 / 2009

Transaction ID: C5163750

Amount of Each Receipt this Period
100.00

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

C. Full Name (Last, First, Middle Initial)
Yael Bellows Ripstein

Mailing Address 3939 Emerson St.

City State Zip Code
Evanston IL 60203

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
03 / 02 / 2009

Transaction ID: C25128

Amount of Each Receipt this Period
350.00

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

SUBTOTAL of Receipts This Page (optional) ► **950.00**

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 12 / 232
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Sara

A. Full Name (Last, First, Middle Initial)
Ronald Belmonte

Mailing Address 6608 W. Archer Ave.

City Chicago State IL Zip Code 60638

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

Name of Employer Self Occupation Attorney

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 02 / 26 / 2009
Transaction ID: C22944
 Amount of Each Receipt this Period 1000.00

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

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

Mailing Address 415 W Fullerton Pkwy Apt 1105

City Chicago State IL Zip Code 60614-2842

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

Name of Employer Res Publica Group Occupation Public Affairs

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 02 / 19 / 2009
Transaction ID: C5164095
 Amount of Each Receipt this Period 250.00

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

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

Mailing Address 585 Ingleside Park

City Evanston State IL Zip Code 60201

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

Name of Employer Self-Employed Occupation Philanthropist

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 550.00

Date of Receipt 02 / 20 / 2009
Transaction ID: C5164192
 Amount of Each Receipt this Period 250.00

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

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 232
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Sara

A. Full Name (Last, First, Middle Initial)
Marge Berglind

Mailing Address 155 N Harbor Dr
Apt 607

City Chicago State IL Zip Code 60601-7390

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

Name of Employer Child Care Association of Illinois Occupation CEO

Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt: 03 / 02 / 2009
Transaction ID: C24662
 Amount of Each Receipt this Period: 100.00

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

B. Full Name (Last, First, Middle Initial)
Allan I. Bergman

Mailing Address 757 Sarah Ln

City Northbrook State IL Zip Code 60062-2172

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

Name of Employer Anixter Center Occupation President & CEO

Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt: 02 / 25 / 2009
Transaction ID: C22644
 Amount of Each Receipt this Period: 150.00

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

C. Full Name (Last, First, Middle Initial)
Allan I. Bergman

Mailing Address 757 Sarah Ln

City Northbrook State IL Zip Code 60062-2172

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

Name of Employer Anixter Center Occupation President & CEO

Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt: 02 / 27 / 2009
Transaction ID: C24185
 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) ► **750.00**

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 14 / 232
(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)
Friends of Sara

A.

Full Name (Last, First, Middle Initial)
Rose Marie Betz

Mailing Address 1021 Sussex Dr

City Northbrook State IL Zip Code 60062-3328

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

Name of Employer Carlton & Carlton Occupation Administrator

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 02 / 21 / 2009

Transaction ID: C5164395

Amount of Each Receipt this Period 500.00

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

B.

Full Name (Last, First, Middle Initial)
James Blackledge

Mailing Address 1250 W Melrose St

City Chicago State IL Zip Code 60657-3218

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

Name of Employer Craftsman Plating and Tinning Occupation Owner

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt 02 / 18 / 2009

Transaction ID: C5163758

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)
Stephan Blandin

Mailing Address 33 N. LaSalle St. Suite 2200

City Chicago State IL Zip Code 60602

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

Name of Employer Self Occupation Attorney

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 02 / 25 / 2009

Transaction ID: C22615

Amount of Each Receipt this Period 1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 1800.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 232
(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)
Friends of Sara

A.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) Nancie Blatt | | Date of Receipt MM / DD / YYYY 02 / 20 / 2009 |
| Mailing Address 370 Park Ave., Apt. D | | Transaction ID: C5164198 |
| City Highland Park | State IL | Zip Code 60035 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer SOS Technologies | Occupation Administrator | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 250.00 | |

B.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) Meredith Bluhm-Wolff | | Date of Receipt MM / DD / YYYY 03 / 02 / 2009 |
| Mailing Address 2430 N. Lakeview Ave. Unit #2N | | Transaction ID: C24660 |
| City Chicago | State IL | Zip Code 60614 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer self | Occupation philanthropist | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 500.00 | |

C.

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) Christine Boardman | | Date of Receipt MM / DD / YYYY 02 / 28 / 2009 |
| Mailing Address 8701 S. Escanaba | | Transaction ID: C24529 |
| City Chicago | State IL | Zip Code 60617 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Information Requested | Occupation Information Requested | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 250.00 | |

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 1000.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 16 / 232 |
| | <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)
Friends of Sara

| | | |
|-----------|---|---|
| A. | Full Name (Last, First, Middle Initial) Patricia C. Bobb | Date of Receipt MM / DD / YYYY 02 / 12 / 2009 |
| | Mailing Address 100 W. Delaware Pl. | Transaction ID: C5159519 |
| | City State Zip Code Chicago IL 60610 | Amount of Each Receipt this Period 1200.00 |
| | 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: Patricia C. Bobb & Associates Occupation: President & Attorney Receipt For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1200.00 | |

| | | |
|-----------|--|---|
| B. | Full Name (Last, First, Middle Initial) Sheila Bogen | Date of Receipt MM / DD / YYYY 02 / 17 / 2009 |
| | Mailing Address 5831 N. Northwest Highway | Transaction ID: C5160315 |
| | City State Zip Code Chicago IL 60631 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| | Name of Employer: Aiden Northmoor Rehab and Healthcare C Occupation: Administrator Receipt For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 250.00 | |

| | | |
|-----------|--|---|
| C. | Full Name (Last, First, Middle Initial) PAUL BOSAKOWSKI | Date of Receipt MM / DD / YYYY 02 / 28 / 2009 |
| | Mailing Address 1560 N Sandburg Ter Apt 3215 | Transaction ID: C24213 |
| | City State Zip Code Chicago IL 60610-7729 | Amount of Each Receipt this Period 118.00 |
| | 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: Self - Sigma Assoc. Occupation: Consultant Receipt For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 368.00 | |

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1568.00 |
| 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 17 / 232
(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)
Friends of Sara

A.

Full Name (Last, First, Middle Initial)
Heidi Brady

Mailing Address 1360 N Milwaukee Ave
Apt 2

City Chicago State IL Zip Code 60642-2109

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

Name of Employer Self Occupation photographer

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: MM / DD / YYYY
02 / 24 / 2009

Transaction ID: C22514

Amount of Each Receipt this Period: 500.00

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

B.

Full Name (Last, First, Middle Initial)
Beth Bronner

Mailing Address 1246 N State Parkway

City Chicago State IL Zip Code 60610

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

Name of Employer mistalequity Occupation operating partner

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: MM / DD / YYYY
02 / 23 / 2009

Transaction ID: C21633

Amount of Each Receipt this Period: 500.00

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

C.

Full Name (Last, First, Middle Initial)
Perry J. Browder

Mailing Address 2351 Larkdale Dr

City Glenview State IL Zip Code 60025

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

Name of Employer Simmons Cooper Occupation Personal Injury Attorney

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: MM / DD / YYYY
02 / 25 / 2009

Transaction ID: C22614

Amount of Each Receipt this Period: 1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **2000.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 232
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Sara

A.

Full Name (Last, First, Middle Initial)
David E. Brown

Mailing Address 1450 Berkley Ct.

City State Zip Code
Deerfield IL 60015

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

Name of Employer Occupation
Much, Shelist, Freed et al Attorney

Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
02 / 17 / 2009

Transaction ID: C5160366

Amount of Each Receipt this Period
500.00

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

B.

Full Name (Last, First, Middle Initial)
Phillip P. Burgess

Mailing Address 3800 N. Lake Shore Drive #3H

City State Zip Code
Chicago IL 60613

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

Name of Employer Occupation
Walgreens Executive

Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
02 / 17 / 2009

Transaction ID: C5160164

Amount of Each Receipt this Period
200.00

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

C.

Full Name (Last, First, Middle Initial)
Edwin A Burke

Mailing Address 4303 N Wolcott

City State Zip Code
Chicago IL 60613

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

Name of Employer Occupation
Edwin Burke Manager

Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
02 / 13 / 2009

Transaction ID: C5160047

Amount of Each Receipt this Period
300.00

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

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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 19 / 232
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Sara

A.

Full Name (Last, First, Middle Initial)
Daniel Busch

Mailing Address 1129 Taylorsport Ln

City State Zip Code
Winnetka IL 60093

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

Name of Employer: Psychiatric Associates, S.C. Occupation: Physician

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt: 02 / 17 / 2009
Transaction ID: C5160152
 Amount of Each Receipt this Period: 350.00

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

B.

Full Name (Last, First, Middle Initial)
Rose Busch

Mailing Address 4966 Dumfries Dr.

City State Zip Code
Houston TX 77096

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

Name of Employer: None Occupation: Retired

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 02 / 24 / 2009
Transaction ID: C21906
 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)
Philip D Cacciatore

Mailing Address 500 Sunnyside Ave

City State Zip Code
Elmhurst IL 60126

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

Name of Employer: Lakeside Bank Occupation: Banker

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 02 / 17 / 2009
Transaction ID: C5160295
 Amount of Each Receipt this Period: 1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **2350.00**

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 20 / 232
(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)
Friends of Sara

A.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) Ross Carlson | | Date of Receipt MM / DD / YYYY 02 / 19 / 2009 |
| Mailing Address 2033 W Jarvis Ave Apt 1 | | Transaction ID: C5164093 |
| City Chicago | State IL | Zip Code 60645-2593 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 100.00 |
| Name of Employer Associated Bank | Occupation Vice President | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 300.00 | |

B.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) Dan Cedarbaum | | Date of Receipt MM / DD / YYYY 02 / 25 / 2009 |
| Mailing Address 1574 Ashland Ave | | Transaction ID: C22660 |
| City Evanston | State IL | Zip Code 60201-4070 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Self | Occupation Attorney | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 250.00 | |

C.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) Craig Chico | | Date of Receipt MM / DD / YYYY 02 / 18 / 2009 |
| Mailing Address 449 W. 37th St. | | Transaction ID: C5163891 |
| City Chicago | State IL | Zip Code 60609 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer Chico & Nunes | Occupation Attorney | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 500.00 | |

| | |
|--|---------------|
| 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: (check only one) | PAGE 21 / 232 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Friends of Sara

| | | | |
|---|---|--------------------------|---|
| A. | Full Name (Last, First, Middle Initial) Gery J. Chico | | Date of Receipt |
| | Mailing Address 333 W. Wacker Dr. Suite 1800 | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 0 2 / 2 1 / 2 0 0 9 |
| | City | State | Zip Code |
| | Chicago | IL | 60606 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: C5164391 |
| Name of Employer Chico & Nunes P.C. | | Occupation Partner | Amount of Each Receipt this Period |
| Receipt For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ | <input type="text"/> 250.00 |
| | | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |

| | | | |
|---|---|--|---|
| B. | Full Name (Last, First, Middle Initial) Joseph Cini | | Date of Receipt |
| | Mailing Address 1024 N Crosby St | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 0 2 / 2 3 / 2 0 0 9 |
| | City | State | Zip Code |
| | Chicago | IL | 60610-2404 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: C21692 |
| Name of Employer Automated Health Systems | | Occupation Corporate Business Development | Amount of Each Receipt this Period |
| Receipt For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ | <input type="text"/> 250.00 |
| | | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |

| | | | |
|---|---|----------------------------|---|
| C. | Full Name (Last, First, Middle Initial) Joan E. Clifford | | Date of Receipt |
| | Mailing Address 1660 Balmoral Cir. | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 0 2 / 2 6 / 2 0 0 9 |
| | City | State | Zip Code |
| | Inverness | IL | 60067 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: C22960 |
| Name of Employer Self | | Occupation travel agent | Amount of Each Receipt this Period |
| Receipt For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ | <input type="text"/> 2400.00 |
| | | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |

| | |
|--|---------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 2900.00 |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

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

FOR LINE NUMBER: PAGE 22 / 232
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Sara

A. Full Name (Last, First, Middle Initial)
Kathryn Cole

Mailing Address 340 Bluffs Edge Dr

City State Zip Code
Lake Forest IL 60045-3304

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

Name of Employer None Occupation Retired

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1100.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 2 / 1 8 / 2 0 0 9

Transaction ID: C5163754

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Moira Collins Griffin

Mailing Address 3920 N Lake Shore Dr Apt 9N

City State Zip Code
Chicago IL 60613-3465

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

Name of Employer Not Employed Occupation None

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 2 / 2 4 / 2 0 0 9

Transaction ID: C22374

Amount of Each Receipt this Period
500.00

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

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

Mailing Address 155 Laurel Ave.

City State Zip Code
Wilmette IL 60091

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

Name of Employer Conlon Public Strategies Occupation Lobbyist

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 0 2 / 2 0 0 9

Transaction ID: C25839

Amount of Each Receipt this Period
1000.00

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

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 232
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Sara

| | |
|--|--|
| <p>A. Full Name (Last, First, Middle Initial) Linda Coon</p> <p>Mailing Address 221 S Kenilworth Ave</p> <p>City State Zip Code Oak Park IL 60302</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer LSC and Associates Occupation Attorney, project director</p> <p>Receipt For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 1125.00</p> | <p>Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 9</p> <p>Transaction ID: C5160374</p> <p>Amount of Each Receipt this Period 100.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> |
|--|--|

| | |
|--|--|
| <p>B. Full Name (Last, First, Middle Initial) Linda Coon</p> <p>Mailing Address 221 S Kenilworth Ave</p> <p>City State Zip Code Oak Park IL 60302</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer LSC and Associates Occupation Attorney, project director</p> <p>Receipt For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 1125.00</p> | <p>Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 0 9</p> <p>Transaction ID: C22959</p> <p>Amount of Each Receipt this Period 525.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> |
|--|--|

| | |
|--|---|
| <p>C. Full Name (Last, First, Middle Initial) Philip H. Corboy, Jr.</p> <p>Mailing Address 26 Woodley Rd.</p> <p>City State Zip Code Winnetka IL 60093</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Corboy & Demétrio, P.C. Occupation Attorney</p> <p>Receipt For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 2400.00</p> | <p>Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 9</p> <p>Transaction ID: C21618</p> <p>Amount of Each Receipt this Period 2400.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> |
|--|---|

| | |
|--|---|
| SUBTOTAL of Receipts This Page (optional) | 3025.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 232
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Friends of Sara

A. Full Name (Last, First, Middle Initial)
Marla Costello

Mailing Address 824 Jeannette St.

City State Zip Code
Des Plaines IL 60016

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

Name of Employer Alden Village North Occupation Information Requested

Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
02 / 17 / 2009

Transaction ID: C5160325

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)
Raymond Crossman

Mailing Address 728 W Jackson Blvd, Apt 103

City State Zip Code
Chicago IL 60661-5400

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

Name of Employer Adler School of Professional Psycholog Occupation President

Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
02 / 21 / 2009

Transaction ID: C5164390

Amount of Each Receipt this Period
250.00

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

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

Mailing Address 44 Farnham Ln.

City State Zip Code
Lake Forest IL 60045

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

Name of Employer Madison Appraisal LLC Occupation Information Requested

Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
02 / 24 / 2009

Transaction ID: C22507

Amount of Each Receipt this Period
300.00

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

SUBTOTAL of Receipts This Page (optional) ► **800.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 25 / 232 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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

NAME OF COMMITTEE (In Full)
Friends of Sara

| | | | |
|---|---|--------------------------|---|
| A. | Full Name (Last, First, Middle Initial) Lester Crown | | Date of Receipt |
| | Mailing Address 222 N. LaSalle St. | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 0 2 / 2 7 / 2 0 0 9 |
| | City | State | Zip Code |
| | Chicago | IL | 60601 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: C24133 |
| Name of Employer Henry Crown & Company | | Occupation Chairman | Amount of Each Receipt this Period |
| Receipt For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ | <input type="text"/> 1000.00 |
| | | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |

| | | | |
|---|---|-------------------------------------|---|
| B. | Full Name (Last, First, Middle Initial) Lynn Cutler | | Date of Receipt |
| | Mailing Address 1526 N. Mohawk 1-S | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 0 2 / 1 2 / 2 0 0 9 |
| | City | State | Zip Code |
| | Chicago | IL | 60610 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: C5160004 |
| Name of Employer Holland & Knight | | Occupation Senior Policy Adviser | Amount of Each Receipt this Period |
| Receipt For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ | <input type="text"/> 500.00 |
| | | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |

| | | | |
|---|---|-------------------------------|---|
| C. | Full Name (Last, First, Middle Initial) Rick Daitchman | | Date of Receipt |
| | Mailing Address 1530 N. Dearborn Pkwy | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 0 2 / 2 7 / 2 0 0 9 |
| | City | State | Zip Code |
| | Chgo. | IL | 60610 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: C24082 |
| Name of Employer Graphpak Corp | | Occupation Sales Executive | Amount of Each Receipt this Period |
| Receipt For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ | <input type="text"/> 750.00 |
| | | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |

| | |
|--|---------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 2000.00 |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 232
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Sara

A. Full Name (Last, First, Middle Initial)
Leslie M. Darling

Mailing Address 1705 W George St

City Chicago State IL Zip Code 60657-4086

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

Name of Employer Ungaretti & Harris LLP Occupation Attorney

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt 02 / 21 / 2009
Transaction ID: C5164368
 Amount of Each Receipt this Period 100.00

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

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

Mailing Address 2100 N Lincoln Park W Apt 7CS

City Chicago State IL Zip Code 60614-0941

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

Name of Employer Geja's Cafe Occupation Proprietor

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt 02 / 27 / 2009
Transaction ID: C24092
 Amount of Each Receipt this Period 250.00

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

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

Mailing Address 2100 N Lincoln Park W Apt 7CS

City Chicago State IL Zip Code 60614-0941

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

Name of Employer Geja's Cafe Occupation Proprietor

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt 03 / 10 / 2009
Transaction ID: C25075
 Amount of Each Receipt this Period 100.00

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

SUBTOTAL of Receipts This Page (optional) ► **450.00**

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 27 / 232
(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)
Friends of Sara

A.

Full Name (Last, First, Middle Initial)
Leticia Peralta Davis

Mailing Address 4246 N. Wolcott

City State Zip Code
Chicago IL 60613

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

Name of Employer Occupation
Peralta Garcia Solutions Principal

Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
02 / 18 / 2009

Transaction ID: C5163888

Amount of Each Receipt this Period
800.00

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

B.

Full Name (Last, First, Middle Initial)
Justin DeJong

Mailing Address 915 W. Cornelia, Unit 2A

City State Zip Code
Chicago IL 60657

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

Name of Employer Occupation
Chicagoland Chamber of Commerce Communications Director

Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
02 / 18 / 2009

Transaction ID: C5163781

Amount of Each Receipt this Period
250.00

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

C.

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

Mailing Address 66 E. Cedar

City State Zip Code
Chicago IL 60611

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

Name of Employer Occupation
Corboy & Demetrio, P.C. Attorney

Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
02 / 13 / 2009

Transaction ID: C5160012

Amount of Each Receipt this Period
2400.00

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

SUBTOTAL of Receipts This Page (optional) ► **3450.00**

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 28 / 232
(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)
Friends of Sara

A.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) William M. Dickson | | Date of Receipt MM / DD / YYYY 02 / 18 / 2009 |
| Mailing Address 1448 N Lake Shore Dr Apt 13A | | Transaction ID: C5163749 |
| City Chicago | State IL | Zip Code 60610-1625 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 100.00 |
| Name of Employer Not employed | Occupation Self | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 300.00 | |

B.

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) Kristin Donels | | Date of Receipt MM / DD / YYYY 03 / 02 / 2009 |
| Mailing Address 1122 N Clark St Apt 3608 | | Transaction ID: C24657 |
| City Chicago | State IL | Zip Code 60610-7897 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Information Requested | Occupation Information Requested | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 250.00 | |

C.

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) Vesta S. Downer | | Date of Receipt MM / DD / YYYY 03 / 02 / 2009 |
| Mailing Address 509 Hillwood Avenue | | Transaction ID: C25843 |
| City Falls Church | State VA | Zip Code 22042-2412 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Information Requested | Occupation Information Requested | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 250.00 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 600.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 232
(check only one)

| | | | |
|---|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | | <input type="checkbox"/> 15 |

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

NAME OF COMMITTEE (In Full)
Friends of Sara

A.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) Willard L. Dumas, III | | Date of Receipt MM / DD / YYYY 02 / 17 / 2009 |
| Mailing Address 5320 N. Sheridan Rd, # 1704 | | Transaction ID: C5160350 |
| City Chicago | State IL | Zip Code 60640 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 200.00 |
| Name of Employer Lambda Legal Defense and Education Fund | Occupation Development Officer | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 250.00 | |

B.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) Aidan Dunican | | Date of Receipt MM / DD / YYYY 02 / 27 / 2009 |
| Mailing Address 1252 W. Addison St. | | Transaction ID: C24168 |
| City Chicago | State IL | Zip Code 60657 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer Aidan, Inc. | Occupation Owner | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 500.00 | |

C.

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) Kevin P. Durkin | | Date of Receipt MM / DD / YYYY 02 / 26 / 2009 |
| Mailing Address 120 N. LaSalle St. Suite 3100 | | Transaction ID: C22961 |
| City Chicago | State IL | Zip Code 60602 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 2400.00 |
| Name of Employer Clifford Law Offices | Occupation Attorney | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 2400.00 | |

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 3100.00 |
| 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 30 / 232
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Friends of Sara

A. Full Name (Last, First, Middle Initial)
Richard Duros

Mailing Address 402 W Camargo Ct

City State Zip Code
Vernon Hills IL 60061-4528

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

Name of Employer Occupation
Barton Healthcare CPA

Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
02 / 13 / 2009

Transaction ID: C5159958

Amount of Each Receipt this Period
2400.00

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

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

Mailing Address 100 N LaSalle St, 24th Floor

City State Zip Code
Chicago IL 60602

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

Name of Employer Occupation
First National Assets President

Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
02 / 17 / 2009

Transaction ID: C5160167

Amount of Each Receipt this Period
700.00

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

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

Mailing Address 3800 N Lake Shore Dr # 12A

City State Zip Code
Chicago IL 60613-3301

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

Name of Employer Occupation
Self Interior Designer

Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
02 / 24 / 2009

Transaction ID: C21845

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **4100.00**

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 31 / 232
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Friends of Sara

A. Full Name (Last, First, Middle Initial)
Judy Erwin
Mailing Address 1424 W. Lawrence
City Springfield State IL Zip Code 62704-2318
FEC ID number of contributing federal political committee. **C**
Name of Employer State of Illinois Occupation Agency Director
Receipt For: 2009 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 2400.00
Date of Receipt 02 / 14 / 2009
Transaction ID: C5160068
Amount of Each Receipt this Period 1400.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Judy Erwin
Mailing Address 1424 W. Lawrence
City Springfield State IL Zip Code 62704-2318
FEC ID number of contributing federal political committee. **C**
Name of Employer State of Illinois Occupation Agency Director
Receipt For: 2009 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 2400.00
Date of Receipt 02 / 14 / 2009
Transaction ID: C5160069
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)
Edwin Feldman
Mailing Address 950 N. Michigan Ave.
City Chicago State IL Zip Code 60611
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Retired Physician
Receipt For: 2009 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 2400.00
Date of Receipt 02 / 24 / 2009
Transaction ID: C21897
Amount of Each Receipt this Period 150.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 2550.00
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 32 / 232
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Sara

A. Full Name (Last, First, Middle Initial)
Edwin Feldman
 Mailing Address 950 N. Michigan Ave.
 City Chicago State IL Zip Code 60611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Retired Physician
 Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2400.00
 Date of Receipt 02 / 24 / 2009
Transaction ID: C21898
 Amount of Each Receipt this Period 100.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Mark Ferguson
 Mailing Address 165 Thorntree Ln.
 City Winnetka State IL Zip Code 60093
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bartlit, Beck Herman Occupation Attorney
 Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00
 Date of Receipt 02 / 13 / 2009
Transaction ID: C5160018
 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)
william filan
 Mailing Address 616 S Laflin St Unit A
 City Chicago State IL Zip Code 60607-3159
 FEC ID number of contributing federal political committee. **C**
 Name of Employer willim filan ltd Occupation corporate @government planner
 Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00
 Date of Receipt 02 / 23 / 2009
Transaction ID: C21639
 Amount of Each Receipt this Period 250.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 1350.00
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 33 / 232
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Sara

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

Mailing Address 322 N. Kenilworth Ave.

City State Zip Code
Oak Park IL 60302

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

Name of Employer Occupation
Centerpoint Properties President

Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
03 / 25 / 2009

Transaction ID: C25585

Amount of Each Receipt this Period
500.00

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

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

Mailing Address 4324 N. Dayton St.

City State Zip Code
Chicago IL 60613

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

Name of Employer Occupation
J.I. Enterprises Owner

Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
02 / 21 / 2009

Transaction ID: C5164384

Amount of Each Receipt this Period
2400.00

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

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

Mailing Address 2800 N Lake Shore Dr
Apt 3416

City State Zip Code
Chicago IL 60657-6253

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

Name of Employer Occupation
AIDSCare CEO

Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
03 / 25 / 2009

Transaction ID: C25558

Amount of Each Receipt this Period
350.00

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

SUBTOTAL of Receipts This Page (optional) ► **3250.00**

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 34 / 232
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Friends of Sara

A. Full Name (Last, First, Middle Initial)
Barbara Flynn Currie

Mailing Address 5650 S Harper Avenue

City State Zip Code
Chicago IL 60637-1872

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

Name of Employer Occupation
State of Illinois State Representative

Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
02 / 27 / 2009

Transaction ID: C24178

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)
Robert L. Fogel

Mailing Address 554 W. Eugenie Street

City State Zip Code
Chicago IL 60614

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

Name of Employer Occupation
Fogel Law Offices Lawyer

Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
02 / 24 / 2009

Transaction ID: C22513

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Elyse S. Forkosh-Cutler

Mailing Address 1041 N Euclid Ave

City State Zip Code
Oak Park IL 60302-1321

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

Name of Employer Occupation
Advocate Health Care Vice President

Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
02 / 22 / 2009

Transaction ID: C21507

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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 35 / 232
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Sara

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

Mailing Address 1110 Skokie Ridge Dr

City State Zip Code
Glencoe IL 60022-1139

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

Name of Employer Occupation
Greenberg Traurig LLP Lawyer

Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
02 / 25 / 2009

Transaction ID: C22581

Amount of Each Receipt this Period
1000.00

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

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

Mailing Address 3200 N. Lake Shore Dr.
#1102

City State Zip Code
Chicago IL 60657

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

Name of Employer Occupation
National Financial Corp. CEO

Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
02 / 27 / 2009

Transaction ID: C24137

Amount of Each Receipt this Period
2000.00

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

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

Mailing Address 907 W Roscoe St
Apt 2

City State Zip Code
Chicago IL 60657-6734

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

Name of Employer Occupation
Wextrust Capital CFO

Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
02 / 16 / 2009

Transaction ID: C5160086

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional) ► **3100.00**

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 36 / 232
(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)
Friends of Sara

A.

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

Mailing Address 907 W Roscoe St
Apt 2

City Chicago State IL Zip Code 60657-6734

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

Name of Employer Wextrust Capital Occupation CFO

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt 02 / 23 / 2009

Transaction ID: C21657

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)
Herbert Franks

Mailing Address P.O. Box 5

City Marengo State IL Zip Code 60152

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

Name of Employer Franks, Gerkin & McKenna Occupation Attorney

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt 02 / 25 / 2009

Transaction ID: C22638

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)
Lee Freeman

Mailing Address PO Box 1295
52 Little Mission Creek Rd.

City Livingston State MT Zip Code 59047-1295

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

Name of Employer Master Key Ranch Occupation Cattle Ranching

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 02 / 22 / 2009

Transaction ID: C21453

Amount of Each Receipt this Period 250.00

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

SUBTOTAL of Receipts This Page (optional) ► **800.00**

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 37 / 232
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Sara

A. Full Name (Last, First, Middle Initial)
Sharon Friedenberg

Mailing Address 345 Evergreen Dr

City State Zip Code
Vernon Hills IL 60061-2906

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 02 / 2009

Transaction ID: C24663

Amount of Each Receipt this Period
300.00

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

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

Mailing Address 1103 East Euclid

City State Zip Code
Arlington Heights IL 60004

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

Name of Employer State of Illinois Occupation IL Labor Relations Board

Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
02 / 14 / 2009

Transaction ID: C5160074

Amount of Each Receipt this Period
250.00

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

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

Mailing Address 4 Parkway North, Suite 200

City State Zip Code
Deerfield IL 60015

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

Name of Employer Ovation Pharmaceuticals, Inc. Occupation Chai9rman

Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
02 / 27 / 2009

Transaction ID: C24080

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **1550.00**

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

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

| | | |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 38 / 232 |
| | <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)
Friends of Sara

| | | |
|-----------|---|---|
| A. | Full Name (Last, First, Middle Initial) Martin Gapshis | Date of Receipt MM / DD / YYYY 02 / 12 / 2009 |
| | Mailing Address 1200 N Lake Shore Dr Apt M2 | Transaction ID: C5159414 |
| | City Chicago State IL Zip Code 60610-2301 | 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 Progress Printing Corp Occupation Printing Exec Receipt For: 2009 Election Cycle-to-Date <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 600.00 | |

| | | |
|-----------|---|---|
| B. | Full Name (Last, First, Middle Initial) Alicia Garcia-Abner | Date of Receipt MM / DD / YYYY 02 / 25 / 2009 |
| | Mailing Address 329 W. 18th Street Suite 401 | Transaction ID: C22648 |
| | City Chicago State IL Zip Code 60616 | Amount of Each Receipt this Period 300.00 |
| | 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 Trinal, Inc. Occupation President Receipt For: 2009 Election Cycle-to-Date <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 300.00 | |

| | | |
|-----------|---|---|
| C. | Full Name (Last, First, Middle Initial) Robert Garofalo | Date of Receipt MM / DD / YYYY 02 / 20 / 2009 |
| | Mailing Address 840 W. Roscoe 4W | Transaction ID: C5164353 |
| | City Chicago State IL Zip Code 60657 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| | Name of Employer Children's Memorial Hospital Occupation Physician Receipt For: 2009 Election Cycle-to-Date <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 650.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 39 / 232 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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

NAME OF COMMITTEE (In Full)
Friends of Sara

| | | | |
|---|---|--------------------------|--|
| A. | Full Name (Last, First, Middle Initial) James Geis | | Date of Receipt |
| | Mailing Address 4436 N. Clifton Ave. Unit 3N | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 5 / 2 0 0 9 |
| | City | State | Zip Code |
| | Chicago | IL | 60640 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: C22719 |
| Name of Employer Forsythe Technology Inc. | | Occupation Director | Amount of Each Receipt this Period |
| Receipt For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ | <input type="text"/> 500.00 |
| | | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |

| | | | |
|---|---|--------------------------|--|
| B. | Full Name (Last, First, Middle Initial) Richard A. Geline | | Date of Receipt |
| | Mailing Address 1225 Central Rd | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 3 / 2 0 0 9 |
| | City | State | Zip Code |
| | Glenview | IL | 60025-4349 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: C21593 |
| Name of Employer Self | | Occupation Doctor | Amount of Each Receipt this Period |
| Receipt For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ | <input type="text"/> 400.00 |
| | | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |

| | | | |
|---|---|--------------------------|--|
| C. | Full Name (Last, First, Middle Initial) Michael Gertner | | Date of Receipt |
| | Mailing Address 123 W. Madison St. Suite 1706 | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 1 / 2 0 0 9 |
| | City | State | Zip Code |
| | Chicago | IL | 60602 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: C5164387 |
| Name of Employer Self | | Occupation Attorney | Amount of Each Receipt this Period |
| Receipt For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ | <input type="text"/> 500.00 |
| | | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |

| | |
|--|---------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 1200.00 |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 232
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Friends of Sara

A.

Full Name (Last, First, Middle Initial)
Rosie Gianforte

Mailing Address 6101 N Sheridan Rd
Unit 38C

City Chicago State IL Zip Code 60660-2870

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

Name of Employer State of Illinois- DCFS Occupation Social Worker

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt 02 / 15 / 2009

Transaction ID: C5160076

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)
Rosie Gianforte

Mailing Address 6101 N Sheridan Rd
Unit 38C

City Chicago State IL Zip Code 60660-2870

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

Name of Employer State of Illinois- DCFS Occupation Social Worker

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt 02 / 26 / 2009

Transaction ID: C22943

Amount of Each Receipt this Period 50.00

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

C.

Full Name (Last, First, Middle Initial)
Geoffrey L. Gifford

Mailing Address 2 N. LaSalle/Suite 1600

City Chicago State IL Zip Code 60602

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

Name of Employer Pavalon & Gifford Occupation Partner

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 02 / 21 / 2009

Transaction ID: C5164393

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) ► **800.00**

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 41 / 232
(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)
Friends of Sara

A.

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) Jeffrey A. Glass | | Date of Receipt MM / DD / YYYY 02 / 27 / 2009 |
| Mailing Address 1235 S Prairie Ave Apt 1702 | | Transaction ID: C24115 |
| City Chicago | State Zip Code IL 60605-3603 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer Capitol Consulting Group | Occupation Government Affairs | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | |

B.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) Zale Glauberman | | Date of Receipt MM / DD / YYYY 02 / 26 / 2009 |
| Mailing Address 3380 Collingwood Dr | | Transaction ID: C22987 |
| City Springfield | State Zip Code IL 62711-9695 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 300.00 |
| Name of Employer Glauberman & Pollak Ltd. | Occupation Consultant/Lobbyist | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 300.00 | |

C.

| | | |
|---|---------------------------------------|---|
| Full Name (Last, First, Middle Initial) Beth Gochnauer | | Date of Receipt MM / DD / YYYY 02 / 12 / 2009 |
| Mailing Address 335 Woodley Rd. | | Transaction ID: C5159450 |
| City Winnetka | State Zip Code IL 60093 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer none | Occupation homemaker/mother/artist | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 250.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) | 1050.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 232
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Sara

A.

Full Name (Last, First, Middle Initial)
Judith Gold

Mailing Address 442 W. Wellington Ave.
Unit 8W

City Chicago State IL Zip Code 60657

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

Name of Employer Perkins Coie Occupation Attorney

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 02 / 16 / 2009

Transaction ID: C5160259

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)
Michael Grach

Mailing Address 1774 Tudor Ln.

City Northbrook State IL Zip Code 60062

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

Name of Employer Accurate Care Occupation Director of Marketing

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt 02 / 21 / 2009

Transaction ID: C5164382

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)
Theodore Grady

Mailing Address 1426 West Elmdale

City Chicago State IL Zip Code 60660

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

Name of Employer J&L Catering Occupation Owner/Caterer

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 02 / 23 / 2009

Transaction ID: C21682

Amount of Each Receipt this Period 250.00

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

SUBTOTAL of Receipts This Page (optional) ► **800.00**

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 43 / 232

(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)
Friends of Sara

A.

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

Mailing Address 3619 N. Sheffield Ave.

City State Zip Code
Chicago IL 60613

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

Name of Employer
Self-Employed / Ivy League
Baseball Cl

Occupation
Manager

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 2 / 2 0 0 9

Transaction ID: C5159907

Amount of Each Receipt this Period

500.00

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

B.

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

Mailing Address 6928 W. Pershing Rd.

City State Zip Code
Berwyn IL 60402

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

Name of Employer
Alden Lakeland Rehab and
Healthcare Ce

Occupation
Administrator

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 7 / 2 0 0 9

Transaction ID: C5160333

Amount of Each Receipt this Period

250.00

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

C.

Full Name (Last, First, Middle Initial)
Anna Greenberg

Mailing Address 1233 Lawrence St NE

City State Zip Code
Washington DC 20017-4028

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

Name of Employer
Greenberg Quinlan Rosner
Research

Occupation
Consultant

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 3 / 2 0 0 9

Transaction ID: C5160053

Amount of Each Receipt this Period

1000.00

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

SUBTOTAL of Receipts This Page (optional) ▶

1750.00

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 44 / 232
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Sara

A. Full Name (Last, First, Middle Initial)
Ellen Griffith

Mailing Address 26 Lakeside Dr E

City State Zip Code
Belvidere NJ 07823-3104

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

Name of Employer Occupation
North Highland Management Consultant

Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
02 / 18 / 2009

Transaction ID: C5163726

Amount of Each Receipt this Period
150.00

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

650.00

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

Mailing Address 3420 N. Seminary Ave
Chicago

City State Zip Code
Chicago IL 60657

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

Name of Employer Occupation
Counseling Center of Lake View social services administration

Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
02 / 23 / 2009

Transaction ID: C21874

Amount of Each Receipt this Period
200.00

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

250.00

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

Mailing Address 4316 N. Keyston Ave.
#1A

City State Zip Code
Chicago IL 60657

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

Name of Employer Occupation
Alden Lincoln Park Information Requested

Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
02 / 17 / 2009

Transaction ID: C5160332

Amount of Each Receipt this Period
270.00

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

270.00

SUBTOTAL of Receipts This Page (optional) ▶ **620.00**

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 45 / 232

(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)
Friends of Sara

A.

Full Name (Last, First, Middle Initial)
Howard Grundy

Mailing Address 431 Westminster Dr.

City State Zip Code
Burr Ridge IL 60527

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

Name of Employer
Maternal Fetal Medicine Consultants

Occupation
Physician

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 02 / 2009

Transaction ID: C25129

Amount of Each Receipt this Period

500.00

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

B.

Full Name (Last, First, Middle Initial)
Rich J. Guidice

Mailing Address 4918 W Balmoral Ave

City State Zip Code
Chicago IL 60630-1506

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

Name of Employer
Capital Consulting Group

Occupation
Government Affairs

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y
02 / 18 / 2009

Transaction ID: C5163731

Amount of Each Receipt this Period

500.00

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

C.

Full Name (Last, First, Middle Initial)
Julie Haluska

Mailing Address 1000 W Washington Blvd
Apt 127

City State Zip Code
Chicago IL 60607-2148

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

Name of Employer
Connance

Occupation
National Director

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Date of Receipt

M M / D D / Y Y Y Y
02 / 17 / 2009

Transaction ID: C5160154

Amount of Each Receipt this Period

200.00

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

SUBTOTAL of Receipts This Page (optional)

1200.00

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 46 / 232
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Sara

A. Full Name (Last, First, Middle Initial)
Julie Haluska

Mailing Address 1000 W Washington Blvd
Apt 127

City Chicago State IL Zip Code 60607-2148

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

Name of Employer Connance Occupation National Director

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt 02 / 17 / 2009
Transaction ID: C5160155
 Amount of Each Receipt this Period 150.00

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

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

Mailing Address 535 N Dearborn St
Apt 1801

City Chicago State IL Zip Code 60654-4812

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

Name of Employer None Occupation Retired

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 800.00

Date of Receipt 02 / 18 / 2009
Transaction ID: C5163768
 Amount of Each Receipt this Period 150.00

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

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

Mailing Address 535 N Dearborn St
Apt 1801

City Chicago State IL Zip Code 60654-4812

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

Name of Employer None Occupation Retired

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 800.00

Date of Receipt 02 / 22 / 2009
Transaction ID: C21509
 Amount of Each Receipt this Period 150.00

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

SUBTOTAL of Receipts This Page (optional) ► 450.00

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 47 / 232
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Sara

A.

Full Name (Last, First, Middle Initial)
Julie Hamos

Mailing Address 1640 Maple Ave

City State Zip Code
Evanston IL 60201-3667

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

Name of Employer State of Illinois Occupation State Representative

Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period: 1000.00

Transaction ID: C5160044

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

B.

Full Name (Last, First, Middle Initial)
Baron Harmon

Mailing Address 30 E. North Ave

City State Zip Code
Northlake IL 60164

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

Name of Employer Self Occupation Attorney

Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period: 350.00

Transaction ID: C22624

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

C.

Full Name (Last, First, Middle Initial)
Alton Harris

Mailing Address 3500 Three First National Plaza

City State Zip Code
Chicago IL 60602

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

Name of Employer Ungaretti & Harris Occupation lawyer

Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period: 250.00

Transaction ID: C22726

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

SUBTOTAL of Receipts This Page (optional) ► **1600.00**

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 48 / 232 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Friends of Sara

| | | |
|---|---|---|
| A. | Full Name (Last, First, Middle Initial) Stephanie Hart | Date of Receipt MM / DD / YYYY 02 / 20 / 2009 |
| | Mailing Address 1439A N. Cleveland Ave. | Transaction ID: C5164163 |
| | City State Zip Code Chicago IL 60610 | Amount of Each Receipt this Period 50.00 |
| | FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| | Name of Employer Occupation Kaplan Higher Education Vice President | |
| Receipt For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 400.00 | |

| | | |
|---|---|---|
| B. | Full Name (Last, First, Middle Initial) Stephanie Hart | Date of Receipt MM / DD / YYYY 02 / 24 / 2009 |
| | Mailing Address 1439A N. Cleveland Ave. | Transaction ID: C22393 |
| | City State Zip Code Chicago IL 60610 | 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 Occupation Kaplan Higher Education Vice President | |
| Receipt For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 400.00 | |

| | | |
|---|--|---|
| C. | Full Name (Last, First, Middle Initial) Janet Hasz | Date of Receipt MM / DD / YYYY 02 / 26 / 2009 |
| | Mailing Address 3417 N Monticello Ave | Transaction ID: C22894 |
| | City State Zip Code Chicago IL 60618-5319 | 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 Occupation Supportive Housing Providers Associati Executive Director | |
| Receipt For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 477.00 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) | 250.00 |
| 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 49 / 232

(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)
Friends of Sara

A.

Full Name (Last, First, Middle Initial)
Todd A. Hatoff

Mailing Address 3800 N Lake Shore Dr
12A

City Chicago State IL Zip Code 60613-3301

FEC ID number of contributing federal political committee. C

Name of Employer Allen Brothers Occupation Owner

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt 02 / 24 / 2009

Transaction ID: C21847

Amount of Each Receipt this Period 1000.00

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

B.

Full Name (Last, First, Middle Initial)
Martin J. Healy, Jr.

Mailing Address 6048 N. Hiawatha Ave.

City Chicago State IL Zip Code 60646

FEC ID number of contributing federal political committee. C

Name of Employer The Healy Law Firm Occupation Attorney

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 02 / 23 / 2009

Transaction ID: C21619

Amount of Each Receipt this Period 500.00

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

C.

Full Name (Last, First, Middle Initial)
Mark Heaney

Mailing Address 1340 Inverness Ln

City Schererville State IN Zip Code 46375

FEC ID number of contributing federal political committee. C

Name of Employer Addus Healthcare Occupation Pres and CEO

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 03 / 02 / 2009

Transaction ID: C24649

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) 2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 232
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Friends of Sara

A. Full Name (Last, First, Middle Initial)
Barbara Heller

Mailing Address 3217 N Rockwell St

City Chicago State IL Zip Code 60618-5934

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

Name of Employer Dupage Hospital Occupation Doctor

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1900.00

Date of Receipt 02 / 13 / 2009

Transaction ID: C5160017

Amount of Each Receipt this Period 300.00

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

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

Mailing Address 3217 N Rockwell St

City Chicago State IL Zip Code 60618-5934

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

Name of Employer Dupage Hospital Occupation Doctor

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1900.00

Date of Receipt 02 / 22 / 2009

Transaction ID: C21499

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 Hennelly

Mailing Address 1501 Dempster St.

City Evanston State IL Zip Code 60201

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 02 / 27 / 2009

Transaction ID: C24155

Amount of Each Receipt this Period 250.00

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

SUBTOTAL of Receipts This Page (optional) ► 1550.00

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 51 / 232
(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)
Friends of Sara

A.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) Lawrence E. Hess | | Date of Receipt MM / DD / YYYY 02 / 19 / 2009 |
| Mailing Address 6309 Cypress Point Rd. | | Transaction ID: C5164152 |
| City San Diego | State CA | Zip Code 92120 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer Lehbro's Ltd. | Occupation Real Estate | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 500.00 | |

B.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) M. Suzanne Hess | | Date of Receipt MM / DD / YYYY 02 / 19 / 2009 |
| Mailing Address 6309 Cypress Point Rd. | | Transaction ID: C5164153 |
| City San Diego | State CA | Zip Code 92120 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer Lehbro's Ltd. | Occupation Real Estate | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 500.00 | |

C.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) Richard G. Hess | | Date of Receipt MM / DD / YYYY 02 / 13 / 2009 |
| Mailing Address 3258 N Sheffield Ave | | Transaction ID: C5160056 |
| City Chicago | State IL | Zip Code 60657-2211 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 100.00 |
| Name of Employer Me | Occupation Working for myself | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 600.00 | |

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 1100.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 52 / 232
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Friends of Sara

A. Full Name (Last, First, Middle Initial)
Melissa Hinds

Mailing Address 14 N Sangamon St
Apt 307

City Chicago State IL Zip Code 60607-2658

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

Name of Employer Jenner Block Occupation Attorney

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 02 / 20 / 2009

Transaction ID: C5164156

Amount of Each Receipt this Period: 300.00

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

B. Full Name (Last, First, Middle Initial)
Gordon S. Hirsch

Mailing Address 800 W Cornelia Ave
Apt 304

City Chicago State IL Zip Code 60657-1947

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

Name of Employer Self Occupation Attorney/Real Estate Broker

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 02 / 12 / 2009

Transaction ID: C5159908

Amount of Each Receipt this Period: 1050.00

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

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

Mailing Address 2037 W. Bradley Place

City Chicago State IL Zip Code 60618

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

Name of Employer W.H. Trading Occupation Trader

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 02 / 27 / 2009

Transaction ID: C24141

Amount of Each Receipt this Period: 1000.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **2350.00**

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 53 / 232
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Friends of Sara

A. Full Name (Last, First, Middle Initial)
Susan Hofer

Mailing Address 4626 N. Drake

City State Zip Code
Chicago IL 60625

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

Name of Employer State of Illinois Occupation communication mgr.

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt
MM / DD / YYYY
03 / 03 / 2009

Transaction ID: C24800

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Kaethe Morris Hoffer

Mailing Address 1507 Lake St.

City State Zip Code
Evanston IL 60201

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

Name of Employer Self Occupation Attorney

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt
MM / DD / YYYY
02 / 19 / 2009

Transaction ID: C5164120

Amount of Each Receipt this Period
50.00

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

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

Mailing Address 817 Timber Hill Rd

City State Zip Code
Highland Park IL 60035-5148

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

Name of Employer OneChicago, LLC Occupation Attorney

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt
MM / DD / YYYY
03 / 01 / 2009

Transaction ID: C24461

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **800.00**

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 54 / 232
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Friends of Sara

A. Full Name (Last, First, Middle Initial)
Sharon Hudson
 Mailing Address 14715 Lasalle St.
 City State Zip Code
 Dolton IL 60419
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Information Requested Occupation Information Requested
 Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼
 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)
M. Blair Hull
 Mailing Address 141 W Jackson Blvd Ste 340
 City State Zip Code
 Chicago IL 60604-3124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Matlock Capital Occupation Private Investor
 Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼
 Amount of Each Receipt this Period: 2300.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Charles Hyde
 Mailing Address 4553 N Monticello Ave
 City State Zip Code
 Chicago IL 60625-5921
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sidetrack / Side by Side, Inc Occupation General Manager
 Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼
 Amount of Each Receipt this Period: 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **3550.00**
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 55 / 232
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Friends of Sara

A. Full Name (Last, First, Middle Initial)
Lawrence H. Hyman

Mailing Address 111 W. Washington
Suite 1025

City Chicago State IL Zip Code 60602

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

Name of Employer Lawrence H. Hyman & Assoc. Occupation Attorney

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: MM / DD / YYYY
02 / 13 / 2009

Transaction ID: C5160072

Amount of Each Receipt this Period: 500.00

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

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

Mailing Address 1210 W. Newport

City Chicago State IL Zip Code 60657

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

Name of Employer Clausen & Miller Occupation Attorney

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt: MM / DD / YYYY
02 / 24 / 2009

Transaction ID: C22508

Amount of Each Receipt this Period: 250.00

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

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

Mailing Address 2932 N. Wood
Suite H

City Chicago State IL Zip Code 60657

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

Name of Employer O'Keefe, Lyons, & Hynes Occupation Attorney

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt: MM / DD / YYYY
02 / 24 / 2009

Transaction ID: C22510

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) ► 1250.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 56 / 232
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Friends of Sara

A. Full Name (Last, First, Middle Initial)
Matthew J Hynes
Mailing Address 4023 N Oakley Ave
City Chicago State IL Zip Code 60618-2924
FEC ID number of contributing federal political committee. **C**
Name of Employer Attorney Occupation Hynes Law Offices
Receipt For: 2009 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
Date of Receipt: 02 / 27 / 2009
Transaction ID: C24142
Amount of Each Receipt this Period: 2000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Jennifer Illarde
Mailing Address 4346 N. Lowell Ave.
City Chicago State IL Zip Code 60641
FEC ID number of contributing federal political committee. **C**
Name of Employer Alden North Shore Occupation Information Requested
Receipt For: 2009 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
Date of Receipt: 02 / 17 / 2009
Transaction ID: C5160319
Amount of Each Receipt this Period: 250.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Lowell Jaffe
Mailing Address 2427 W Charleston St
City Chicago State IL Zip Code 60647
FEC ID number of contributing federal political committee. **C**
Name of Employer New World Traders Occupation Business
Receipt For: 2009 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
Date of Receipt: 02 / 18 / 2009
Transaction ID: C5163766
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) ► 2750.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 57 / 232
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Sara

A. Full Name (Last, First, Middle Initial)
Lowell Jaffe

Mailing Address 2427 W Charleston St

City State Zip Code
Chicago IL 60647

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

Name of Employer Occupation
New World Traders Business

Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period
200.00

Transaction ID: C22474

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

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

Mailing Address 1251 W Eddy St

City State Zip Code
Chicago IL 60657-1429

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

Name of Employer Occupation
Harley Ellis Devereaux Architect

Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period
500.00

Transaction ID: C5160351

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

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

Mailing Address 3164 N Hudson Ave

City State Zip Code
Chicago IL 60657-4712

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

Name of Employer Occupation
Partners In Performanca consultant

Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period
250.00

Transaction ID: C24267

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

SUBTOTAL of Receipts This Page (optional) ► **950.00**

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 58 / 232
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Sara

A. Full Name (Last, First, Middle Initial)
Richard Johnson

Mailing Address 3164 N Hudson Ave

City Chicago State IL Zip Code 60657-4712

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

Name of Employer PINP, Inc. Occupation Consultant

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt: 03 / 01 / 2009
Transaction ID: C24397
 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)
Daniel Johnson-Weinberger

Mailing Address 1719 N North Park Ave Apt 3

City Chicago State IL Zip Code 60614-5709

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

Name of Employer Progressive Public Affairs Occupation Lobbyist

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 360.00

Date of Receipt: 03 / 28 / 2009
Transaction ID: C25609
 Amount of Each Receipt this Period: 350.00

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

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

Mailing Address 2440 N Lakeview Ave

City Chicago State IL Zip Code 60614-2872

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

Name of Employer retired Occupation retired

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt: 02 / 26 / 2009
Transaction ID: C22941
 Amount of Each Receipt this Period: 100.00

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

SUBTOTAL of Receipts This Page (optional) ► **700.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 59 / 232
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Sara

A. Full Name (Last, First, Middle Initial)
Howard G. Kaplan
Mailing Address 33 Sheridan Road
City Highland Park State IL Zip Code 60035
FEC ID number of contributing federal political committee. **C**
Name of Employer self Occupation attorney
Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1850.00
Date of Receipt 02 / 27 / 2009
Transaction ID: C24089
Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Howard G. Kaplan
Mailing Address 33 Sheridan Road
City Highland Park State IL Zip Code 60035
FEC ID number of contributing federal political committee. **C**
Name of Employer self Occupation attorney
Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1850.00
Date of Receipt 02 / 27 / 2009
Transaction ID: C24183
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)
Shellie Karno
Mailing Address 1621 W Erie St
City Chicago State IL Zip Code 60622-6015
FEC ID number of contributing federal political committee. **C**
Name of Employer Lewis & Gellen LLP Occupation Healthcare Attorney
Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 225.00
Date of Receipt 02 / 16 / 2009
Transaction ID: C5160118
Amount of Each Receipt this Period 100.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 1400.00
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 60 / 232
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Friends of Sara

A. Full Name (Last, First, Middle Initial)
Shawn S. Kasserman

Mailing Address 336 Prospect Ave.

City State Zip Code
Glen Ellyn IL 60137

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

Name of Employer Occupation
Corboy & Demetrio, P.C. Attorney

Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 2 3 / 2 0 0 9

Transaction ID: C21617

Amount of Each Receipt this Period
1000.00

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

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

Mailing Address 3711 N. Linder Ave.

City State Zip Code
Chicago IL 60641

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 2 1 / 2 0 0 9

Transaction ID: C5164399

Amount of Each Receipt this Period
250.00

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

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

Mailing Address 442 W Wellington Ave

City State Zip Code
Chicago IL 60657-5804

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

Name of Employer Occupation
N/A Homemaker

Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 1 3 / 2 0 0 9

Transaction ID: C5159942

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional) ► **1350.00**

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 61 / 232 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b |
| | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |

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

NAME OF COMMITTEE (In Full)
Friends of Sara

| | | | |
|---|--|--------------------------------------|---|
| A. | Full Name (Last, First, Middle Initial) Rita Keefe | | Date of Receipt |
| | Mailing Address 6 Timber Water Ct. | | <input type="text" value="02"/> / <input type="text" value="13"/> / <input type="text" value="2009"/> |
| | City | State | Zip Code |
| | Belleville | IL | 62226 |
| | FEC ID number of contributing federal political committee. | | <input type="text" value="C"/> |
| Name of Employer Homemaker | | Occupation Not employed | Transaction ID: C5160016 |
| Receipt For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ | Amount of Each Receipt this Period <input type="text" value="2400.00"/> |
| | | <input type="text" value="2400.00"/> | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |

| | | | |
|---|---|--------------------------------------|---|
| B. | Full Name (Last, First, Middle Initial) Thomas Q. Keefe, Jr. | | Date of Receipt |
| | Mailing Address 6 Timber Water Ct. | | <input type="text" value="02"/> / <input type="text" value="13"/> / <input type="text" value="2009"/> |
| | City | State | Zip Code |
| | Belleville | IL | 62226 |
| | FEC ID number of contributing federal political committee. | | <input type="text" value="C"/> |
| Name of Employer Thomas Q. Keefe Jr., P.C. | | Occupation Attorney | Transaction ID: C5160015 |
| Receipt For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ | Amount of Each Receipt this Period <input type="text" value="2400.00"/> |
| | | <input type="text" value="2400.00"/> | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |

| | | | |
|---|--|-------------------------------------|---|
| C. | Full Name (Last, First, Middle Initial) Keith Kelleher | | Date of Receipt |
| | Mailing Address 209 W. Jackson/Suite 200 | | <input type="text" value="03"/> / <input type="text" value="02"/> / <input type="text" value="2009"/> |
| | City | State | Zip Code |
| | Chicago | IL | 60606 |
| | FEC ID number of contributing federal political committee. | | <input type="text" value="C"/> |
| Name of Employer SEIU Local 880 | | Occupation Organizer | Transaction ID: C24653 |
| Receipt For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ | Amount of Each Receipt this Period <input type="text" value="500.00"/> |
| | | <input type="text" value="500.00"/> | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |

| | |
|--|--------------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text" value="5300.00"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 62 / 232
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Sara

A. Full Name (Last, First, Middle Initial)
Eamon Kelly

Mailing Address 1507 Maple, Unit 1

City State Zip Code
Evanston IL 60201

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

Name of Employer Occupation
Jenner & Block Lawyer

Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
03 / 02 / 2009

Transaction ID: C24542

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)
Julie Kelly

Mailing Address 11331 Poplar Creek Ln

City State Zip Code
Orland Park IL 60467

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

Name of Employer Occupation
None Homemaker

Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
02 / 19 / 2009

Transaction ID: C5164151

Amount of Each Receipt this Period
2400.00

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

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

Mailing Address 4752 RFD

City State Zip Code
Long Grove IL 60047

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
02 / 20 / 2009

Transaction ID: C5164185

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ► **2900.00**

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 63 / 232
(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)
Friends of Sara

A.

Full Name (Last, First, Middle Initial)
Shubhangi Khedkar

Mailing Address 133 St. Francis Circle

City State Zip Code
Oak Brook IL 60523

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2009 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 2 8 / 2 0 0 9

Transaction ID: C24172

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)
Kevin Killerman

Mailing Address 1939 N Bissell St

City State Zip Code
Chicago IL 60614-5014

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

Name of Employer Casey Moran's Occupation Owner

Receipt For: 2009 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 1 7 / 2 0 0 9

Transaction ID: C5160290

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)
Dooshik Kim

Mailing Address 6236 N. Keeler

City State Zip Code
Chicago IL 60646

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

Name of Employer Self Occupation Accountant

Receipt For: 2009 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 2 0 / 2 0 0 9

Transaction ID: C5164149

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **2250.00**

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 64 / 232
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Sara

A. Full Name (Last, First, Middle Initial)
Richard Klawiter

Mailing Address 1437 W. Hutchinson St.

City State Zip Code
Chicago IL 60613

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 13 / 2009

Transaction ID: C25124

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)
Steven Koch

Mailing Address 2012 North Mohawk

City State Zip Code
Chicago IL 60614

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

Name of Employer credit suisse Occupation investment banker

Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 03 / 2009

Transaction ID: C24793

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Raymond J Koenig, III

Mailing Address 4853 N Winthrop Ave
1N

City State Zip Code
Chicago IL 60640-4795

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

Name of Employer Peck, Bloom, Austriaco & Koenig LLC Occupation attorney

Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
02 / 13 / 2009

Transaction ID: C5159921

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) ► **1250.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 65 / 232 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b |
| <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Friends of Sara

| | | |
|-----------|--|---|
| A. | Full Name (Last, First, Middle Initial) Marietta Kuchuris | Date of Receipt MM / DD / YYYY 02 / 27 / 2009 |
| | Mailing Address 950 N Michigan Ave Apt 4306 | Transaction ID: C24053 |
| | City Chicago State IL Zip Code 60611-7525 | Amount of Each Receipt this Period 1400.00 |
| | 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 East Balt Inc. Occupation Owner Receipt For: 2009 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2400.00 | |

| | | |
|-----------|--|---|
| B. | Full Name (Last, First, Middle Initial) Marietta Kuchuris | Date of Receipt MM / DD / YYYY 02 / 27 / 2009 |
| | Mailing Address 950 N Michigan Ave Apt 4306 | Transaction ID: C24054 |
| | City Chicago State IL Zip Code 60611-7525 | Amount of Each Receipt this Period 50.00 |
| | 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 East Balt Inc. Occupation Owner Receipt For: 2009 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2400.00 | |

| | | |
|-----------|--|---|
| C. | Full Name (Last, First, Middle Initial) John Kupper | Date of Receipt MM / DD / YYYY 02 / 13 / 2009 |
| | Mailing Address 522 8th St | Transaction ID: C5159978 |
| | City Wilmette State IL Zip Code 60091-2802 | Amount of Each Receipt this Period 500.00 |
| | FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| | Name of Employer AKPD Message & Media Occupation consultant Receipt For: 2009 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) | 1950.00 |
| 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 66 / 232
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Sara

A. Full Name (Last, First, Middle Initial)
Robert D. Kuzas

Mailing Address 3700 N. Lake Shore Drive
#104

City Chicago State IL Zip Code 60613

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

Name of Employer Robert D. Kuzas, Ltd. Occupation Lawyer

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt 02 / 16 / 2009
Transaction ID: C5160119
 Amount of Each Receipt this Period 400.00

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

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

Mailing Address 2424 N. Orchard St.

City Chicago State IL Zip Code 60614

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

Name of Employer Accenture Occupation Counsel

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 02 / 22 / 2009
Transaction ID: C21533
 Amount of Each Receipt this Period 500.00

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

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

Mailing Address 88 Leonard St

City New York State NY Zip Code 10013

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

Name of Employer Citigroup Occupation Investment Banker

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 02 / 25 / 2009
Transaction ID: C22655
 Amount of Each Receipt this Period 250.00

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

SUBTOTAL of Receipts This Page (optional) ► 1150.00

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 67 / 232
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Sara

A. Full Name (Last, First, Middle Initial)
Philip Lane

Mailing Address 21707 W Old Barn Ln

City State Zip Code
Lake Zurich IL 60047-1612

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 0 | 2 | / | 2 | 0 | 0 | 9 |

Transaction ID: C24656

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)
Louis Lang

Mailing Address 5123 Jerome

City State Zip Code
Skokie IL 60077

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

Name of Employer Self Occupation Attorney

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | / | 1 | 6 | / | 2 | 0 | 0 | 9 |

Transaction ID: C5160098

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)
Ileen Lasko

Mailing Address 1925 N. Damen Avenue

City State Zip Code
Chicago IL 60647

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

Name of Employer Spa Nation, Inc. Occupation Business Owner

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | / | 1 | 6 | / | 2 | 0 | 0 | 9 |

Transaction ID: C5160145

Amount of Each Receipt this Period
250.00

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

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 68 / 232
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Sara

A.

Full Name (Last, First, Middle Initial)
Bennett R. Lawson

Mailing Address 858 W Fletcher St
Apt 2S

City Chicago State IL Zip Code 60657-4498

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

Name of Employer City of Chicago Occupation Aldermanic Aide

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt: 02 / 16 / 2009
Transaction ID: C5160254
 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)
Bennett R. Lawson

Mailing Address 858 W Fletcher St
Apt 2S

City Chicago State IL Zip Code 60657-4498

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

Name of Employer City of Chicago Occupation Aldermanic Aide

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt: 02 / 25 / 2009
Transaction ID: C22723
 Amount of Each Receipt this Period: 150.00

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

C.

Full Name (Last, First, Middle Initial)
Sue Leonis

Mailing Address 1515 N. Astor

City Chicago State IL Zip Code 60610

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

Name of Employer Self Occupation Consultant

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt: 02 / 26 / 2009
Transaction ID: C22950
 Amount of Each Receipt this Period: 250.00

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

SUBTOTAL of Receipts This Page (optional) ► **450.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 69 / 232 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Friends of Sara

| | | | |
|---|---|---------------------------|---|
| A. | Full Name (Last, First, Middle Initial) Andrew Letsos | | Date of Receipt |
| | Mailing Address 505 N Lake Shore Dr Apt 2509 | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 0 2 / 1 9 / 2 0 0 9 |
| | City | State | Zip Code |
| | Chicago | IL | 60611-6417 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: C5164145 |
| Name of Employer Self | | Occupation Real Estate | Amount of Each Receipt this Period |
| Receipt For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ | <input type="text"/> 1000.00 |
| | | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |

| | | | |
|---|---|--------------------------|---|
| B. | Full Name (Last, First, Middle Initial) Carolyn Levin | | Date of Receipt |
| | Mailing Address 180 E Pearson St Apt 5107 | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 0 2 / 2 8 / 2 0 0 9 |
| | City | State | Zip Code |
| | Chicago | IL | 60611-6736 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: C24214 |
| Name of Employer N/A | | Occupation Retired | Amount of Each Receipt this Period |
| Receipt For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ | <input type="text"/> 250.00 |
| | | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |

| | | | |
|---|---|--------------------------|---|
| C. | Full Name (Last, First, Middle Initial) donald levin | | Date of Receipt |
| | Mailing Address 3001 Ridge Road | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 0 2 / 1 9 / 2 0 0 9 |
| | City | State | Zip Code |
| | Highland Park | IL | 60035 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: C5163849 |
| Name of Employer DRL Enterprises | | Occupation Executive | Amount of Each Receipt this Period |
| Receipt For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ | <input type="text"/> 2400.00 |
| | | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |

| | |
|--|---------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 1350.00 |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 70 / 232
(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)
Friends of Sara

A.

Full Name (Last, First, Middle Initial)
kathleen Levin

Mailing Address 3001 Ridge rd

City Highland Park State IL Zip Code 60035

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

Name of Employer homemaker Occupation homemaker

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt 02 / 19 / 2009

Transaction ID: C5163850

Amount of Each Receipt this Period 100.00

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

B.

Full Name (Last, First, Middle Initial)
Margot Levin

Mailing Address 229 E Lake Shor Drive

City Chicago State IL Zip Code 60611

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

Name of Employer none Occupation nne

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 02 / 13 / 2009

Transaction ID: C5159929

Amount of Each Receipt this Period 250.00

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

C.

Full Name (Last, First, Middle Initial)
Lori Lightfoot

Mailing Address 3434 W. Wrightwood

City Chicago State IL Zip Code 60647

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

Name of Employer Mayer Brown LLP Occupation Attorney

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 02 / 25 / 2009

Transaction ID: C22539

Amount of Each Receipt this Period 1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 1350.00

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 71 / 232

(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)
Friends of Sara

A.

Full Name (Last, First, Middle Initial)
George Loukas

Mailing Address 3464 N. Clark

City Chicago State IL Zip Code 60657

FEC ID number of contributing federal political committee. C

Name of Employer George Loukas Real Estate Occupation Owner

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
02 / 18 / 2009

Transaction ID: C5163762

Amount of Each Receipt this Period 1000.00

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

B.

Full Name (Last, First, Middle Initial)
Michael Lufrano

Mailing Address 5707 N. Ravenswood

City Chicago State IL Zip Code 60660

FEC ID number of contributing federal political committee. C

Name of Employer xx Occupation xx

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY
03 / 06 / 2009

Transaction ID: C24888

Amount of Each Receipt this Period 250.00

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

C.

Full Name (Last, First, Middle Initial)
Paul Lutter

Mailing Address 437 N. Canal

City Chicago State IL Zip Code 60654

FEC ID number of contributing federal political committee. C

Name of Employer Bryan Cave Occupation Attorney

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt MM / DD / YYYY
02 / 23 / 2009

Transaction ID: C21667

Amount of Each Receipt this Period 1000.00

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

SUBTOTAL of Receipts This Page (optional) 2250.00

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 72 / 232
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Friends of Sara

A. Full Name (Last, First, Middle Initial)
Barry Malkin
Mailing Address 442 W Wellington Ave
City Chicago State IL Zip Code 60657-5804
FEC ID number of contributing federal political committee. C
Name of Employer GEM Realty Capital, Inc. Occupation Investor
Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General Other (specify) ▼
2400.00

Date of Receipt MM / DD / YYYY
02 / 27 / 2009
Transaction ID: C24123
Amount of Each Receipt this Period
2400.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Martha Malloy
Mailing Address 100 W. Cornelia Apt. 107
City Chicago State IL Zip Code 60657
FEC ID number of contributing federal political committee. C
Name of Employer Advocate Healthcare Occupation Information Requested
Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General Other (specify) ▼
250.00

Date of Receipt MM / DD / YYYY
02 / 21 / 2009
Transaction ID: C21526
Amount of Each Receipt this Period
250.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
David Manning
Mailing Address 4705 Pelican Nest
City Springfield State IL Zip Code 62711-7869
FEC ID number of contributing federal political committee. C
Name of Employer Community Bankers Assoc Occupation Senior VP
Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General Other (specify) ▼
750.00

Date of Receipt MM / DD / YYYY
02 / 17 / 2009
Transaction ID: C5160272
Amount of Each Receipt this Period
250.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) 2900.00

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 73 / 232
(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)
Friends of Sara

A.

Full Name (Last, First, Middle Initial)
RICHARD MARRA

Mailing Address 700 East Rosemary Rd

City State Zip Code
Lake Forest IL 60045

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

Name of Employer Occupation
Healthplace America Healthcare

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
02 / 23 / 2009

Transaction ID: C21687

Amount of Each Receipt this Period
1000.00

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

B.

Full Name (Last, First, Middle Initial)
David Martino

Mailing Address 5606 S. Narragansett Ave.
Apt. 2F

City State Zip Code
Chicago IL 60638

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
02 / 24 / 2009

Transaction ID: C21886

Amount of Each Receipt this Period
250.00

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

C.

Full Name (Last, First, Middle Initial)
Birinder Marwah

Mailing Address 2266 N. Lincoln

City State Zip Code
Chicago IL 60614

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
02 / 28 / 2009

Transaction ID: C24174

Amount of Each Receipt this Period
250.00

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

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 74 / 232
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Sara

A. Full Name (Last, First, Middle Initial)
Ron May

Mailing Address 1345 Woodland Lane

City State Zip Code
Riverwoods IL 60015

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

Name of Employer Occupation
IL Medical Eye PAC physician

Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 1 8 / 2 0 0 9

Transaction ID: C5163720

Amount of Each Receipt this Period
150.00

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

250.00

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

Mailing Address 618 S. Euclid Ave.

City State Zip Code
Oak Park IL 60304

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

Name of Employer Occupation
Trilogy, Inc. President & CEO

Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 2 3 / 2 0 0 9

Transaction ID: C21869

Amount of Each Receipt this Period
250.00

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

250.00

C. Full Name (Last, First, Middle Initial)
Michael T McRaith

Mailing Address 3353 N. Greenview, #1F

City State Zip Code
Chicago IL 60657

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

Name of Employer Occupation
Director State of Illinois

Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 1 7 / 2 0 0 9

Transaction ID: C5160187

Amount of Each Receipt this Period
1150.00

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

2400.00

SUBTOTAL of Receipts This Page (optional) ► **1550.00**

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 75 / 232

(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)
Friends of Sara

A.

Full Name (Last, First, Middle Initial)
Richard Melman

Mailing Address 5419 N Sheridan Rd

City Chicago State IL Zip Code 60640-1964

FEC ID number of contributing federal political committee. C

Name of Employer Lettuce Entertain You Enterprises, Inc Occupation Restaurateur

Receipt For: 2009 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

Date of Receipt MM / DD / YYYY
02 / 26 / 2009

Transaction ID: C22938

Amount of Each Receipt this Period 500.00

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

B.

Full Name (Last, First, Middle Initial)
Harriet Meyer

Mailing Address 4859 S Wabash Ave

City Chicago State IL Zip Code 60615

FEC ID number of contributing federal political committee. C

Name of Employer Ounce of Prevention Occupation President

Receipt For: 2009 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

Date of Receipt MM / DD / YYYY
02 / 20 / 2009

Transaction ID: C5164180

Amount of Each Receipt this Period 200.00

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

C.

Full Name (Last, First, Middle Initial)
Harriet Meyer

Mailing Address 4859 S Wabash Ave

City Chicago State IL Zip Code 60615

FEC ID number of contributing federal political committee. C

Name of Employer Ounce of Prevention Occupation President

Receipt For: 2009 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

Date of Receipt MM / DD / YYYY
02 / 20 / 2009

Transaction ID: C5164196

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) 1200.00

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 76 / 232
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Sara

A. Full Name (Last, First, Middle Initial)
Jerry Mickelson
Mailing Address 207 W Goethe St
City Chicago State IL Zip Code 60610-1809
FEC ID number of contributing federal political committee. **C**
Name of Employer Jam Productions, Ltd. Occupation Producer
Receipt For: 2009 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
Date of Receipt 03 / 03 / 2009
Transaction ID: C24745
Amount of Each Receipt this Period 500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Kim Miniscalco
Mailing Address 2902 N. Racine
City Chicago State IL Zip Code 60657-4224
FEC ID number of contributing federal political committee. **C**
Name of Employer Rush Medical Center Occupation Physical Therapist
Receipt For: 2009 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
Date of Receipt 02 / 24 / 2009
Transaction ID: C22503
Amount of Each Receipt this Period 500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Kimberly Mitroka
Mailing Address 887 Walnut Rd.
City Royalton State IL Zip Code 62983
FEC ID number of contributing federal political committee. **C**
Name of Employer Christopher Rural Health Planning Corp Occupation President & CEO
Receipt For: 2009 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
Date of Receipt 02 / 25 / 2009
Transaction ID: C22611
Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 2000.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 77 / 232
(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)
Friends of Sara

A.

Full Name (Last, First, Middle Initial)
Robert Molitor

Mailing Address 30W397 Forsythia Ln.

City State Zip Code
Wayne IL 60184

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

Name of Employer Alden Management Occupation COO

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
02 / 17 / 2009

Transaction ID: C5160335

Amount of Each Receipt this Period
700.00

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

B.

Full Name (Last, First, Middle Initial)
Harle Montgomery

Mailing Address 2150 N. Lincoln Park West
Apt. 406

City State Zip Code
Chicago IL 60614

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

Name of Employer None Occupation Retired

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
02 / 27 / 2009

Transaction ID: C24135

Amount of Each Receipt this Period
2000.00

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

C.

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

Mailing Address 2304 N Cleveland Ave

City State Zip Code
Chicago IL 60614-3316

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

Name of Employer Anderson & Moore Occupation Attorney

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
03 / 23 / 2009

Transaction ID: C25587

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ► **2950.00**

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 78 / 232
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Sara

A. Full Name (Last, First, Middle Initial)
Kimberly Mor
Mailing Address 67 Laurel Ave
City Highland Park State IL Zip Code 60035-2615
FEC ID number of contributing federal political committee. C
Name of Employer None Occupation Homemaker
Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2400.00
Date of Receipt 02 / 26 / 2009
Transaction ID: C22740
Amount of Each Receipt this Period 2400.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Gerald Morrison
Mailing Address 4134 North Parkside Ave.
City Chicago State IL Zip Code 60634
FEC ID number of contributing federal political committee. C
Name of Employer SEIU State Council Occupation Executive Director
Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1250.00
Date of Receipt 02 / 21 / 2009
Transaction ID: C5164397
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)
Gerald Morrison
Mailing Address 4134 North Parkside Ave.
City Chicago State IL Zip Code 60634
FEC ID number of contributing federal political committee. C
Name of Employer SEIU State Council Occupation Executive Director
Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1250.00
Date of Receipt 02 / 27 / 2009
Transaction ID: C24154
Amount of Each Receipt this Period 250.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) 3650.00
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 79 / 232
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Sara

A. Full Name (Last, First, Middle Initial)
Karen Muchin
Mailing Address 2920 N. Commonwealth
City State Zip Code
chicago IL 60657
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
JPMorgan Chase Banker
Receipt For: 2009 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 300.00
Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 1 2 / 2 0 0 9
Transaction ID: C5159551
Amount of Each Receipt this Period
300.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Maureen Mulhall
Mailing Address 718 N 6th St
City State Zip Code
Springfield IL 62702-6302
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
self lobbyist
Receipt For: 2009 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 300.00
Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 1 2 / 2 0 0 9
Transaction ID: C5159523
Amount of Each Receipt this Period
200.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Anne Marie Murphy
Mailing Address 944 N. Taylor Ave.
City State Zip Code
oak park IL 60302
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
State of Illinois Director of State Healthcare Initiativ
Receipt For: 2009 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 400.00
Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 1 3 / 2 0 0 9
Transaction ID: C5159948
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) ▶ **550.00**
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 80 / 232
(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)
Friends of Sara

A.

Full Name (Last, First, Middle Initial)
Beth Murphy

Mailing Address 2600 W Wilson Ave

City State Zip Code
Chicago IL 60625-3028

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

Name of Employer Occupation
Murphy's Bleachers Owner

Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
02 / 27 / 2009

Transaction ID: C24153

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)
Lynn Lockwood Murphy

Mailing Address 1454 N. Dearborn St.

City State Zip Code
Chicago IL 60610

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

Name of Employer Occupation
Self Mom

Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
02 / 27 / 2009

Transaction ID: C24088

Amount of Each Receipt this Period
500.00

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

C.

Full Name (Last, First, Middle Initial)
Adnaan Muslim

Mailing Address 102 Grennan Road

City State Zip Code
West Hartford CT 06107

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

Name of Employer Occupation
Mission Control Partner/Vice President

Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
02 / 12 / 2009

Transaction ID: C5159916

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

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 81 / 232
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Sara

A. Full Name (Last, First, Middle Initial)
David Narefsky

Mailing Address 2054 North Racine

City State Zip Code
Chicago IL 60614

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

Name of Employer Occupation
Mayer Brown LLP Attorney

Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
03 / 03 / 2009

Transaction ID: C24668

Amount of Each Receipt this Period
400.00

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

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

Mailing Address 2226 W Medill Ave

City State Zip Code
Chicago IL 60647-3232

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

Name of Employer Occupation
George jon and Associates Computer Consultant

Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
02 / 13 / 2009

Transaction ID: C5159941

Amount of Each Receipt this Period
250.00

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

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

Mailing Address 440 W Grant Pl

City State Zip Code
Chicago IL 60614-3041

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

Name of Employer Occupation
Self Realtor

Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
02 / 24 / 2009

Transaction ID: C22480

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **900.00**

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 82 / 232
(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 <input type="checkbox"/> 15 |

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

NAME OF COMMITTEE (In Full)
Friends of Sara

A.

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) Steven H. Nemerovski | | Date of Receipt MM / DD / YYYY 02 / 12 / 2009 |
| Mailing Address 330 N Wabash Ave # 1700 | | Transaction ID: C5159520 |
| City Chicago | State IL | Zip Code 60611-3586 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1000.00 |
| Name of Employer Aronberg, Goldgehn, Davis & Garmisa | Occupation Of Counsel | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 2318.00 | |

B.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) Charlotte Newberger | | Date of Receipt MM / DD / YYYY 02 / 25 / 2009 |
| Mailing Address 3240 N Lake Shore Dr Apt 13A | | Transaction ID: C22636 |
| City Chicago | State IL | Zip Code 60657-3910 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer Rubloff | Occupation Real Estate | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 500.00 | |

C.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) Anne Newman | | Date of Receipt MM / DD / YYYY 02 / 17 / 2009 |
| Mailing Address 670 West End Ave. | | Transaction ID: C5160340 |
| City New York | State NY | Zip Code 10025 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer None | Occupation Retired | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 500.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) | 2000.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 83 / 232

(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 <input type="checkbox"/> 15 |

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

NAME OF COMMITTEE (In Full)
Friends of Sara

A.

Full Name (Last, First, Middle Initial)
Gregory Nienaber

Mailing Address 2598 Meadow View Ln.

City State Zip Code
Rockford IL 61102

FEC ID number of contributing federal political committee. C

Name of Employer
Alden Poplar Creek Rehabilitation and
Occupation
Administrator

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 1 7 / 2 0 0 9

Transaction ID: C5160328

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)
Gregory Nienaber

Mailing Address 2598 Meadow View Ln.

City State Zip Code
Rockford IL 61102

FEC ID number of contributing federal political committee. C

Name of Employer
Alden Poplar Creek Rehabilitation and
Occupation
Administrator

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 1 7 / 2 0 0 9

Transaction ID: C5160337

Amount of Each Receipt this Period
250.00

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

C.

Full Name (Last, First, Middle Initial)
Nicholas Norris

Mailing Address 1501 W Belmont Ave
Apt 307

City State Zip Code
Chicago IL 60657-7120

FEC ID number of contributing federal political committee. C

Name of Employer
N/A
Occupation
retired

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
435.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 2 / 2 0 0 9

Transaction ID: C21487

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) 550.00

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 84 / 232
(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 <input type="checkbox"/> 15 |

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

NAME OF COMMITTEE (In Full)
Friends of Sara

A.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) Nicholas Norris | | Date of Receipt MM / DD / YYYY 02 / 27 / 2009 |
| Mailing Address 1501 W Belmont Ave Apt 307 | | Transaction ID: C24119 |
| City Chicago | State IL | Zip Code 60657-7120 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 100.00 |
| Name of Employer N/A | Occupation retired | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 435.00 | |

B.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) Nicholas Norris | | Date of Receipt MM / DD / YYYY 03 / 11 / 2009 |
| Mailing Address 1501 W Belmont Ave Apt 307 | | Transaction ID: C25100 |
| City Chicago | State IL | Zip Code 60657-7120 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 50.00 |
| Name of Employer N/A | Occupation retired | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 435.00 | |

C.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) Marcus Nunes | | Date of Receipt MM / DD / YYYY 02 / 21 / 2009 |
| Mailing Address 333 W. Wacker Dr. Suite 1800 | | Transaction ID: C5164392 |
| City Chicago | State IL | Zip Code 60606 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Chico & Nunes P.C. | Occupation Attorney | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 250.00 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 400.00 |
| 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 85 / 232
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Friends of Sara

A. Full Name (Last, First, Middle Initial)
Catherine O'Malley

Mailing Address 2903 N. Wolcott Ave. Unit B

City Chicago State IL Zip Code 60657

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

Name of Employer K.O. Strategies Occupation consultant

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1050.00

Date of Receipt 02 / 26 / 2009
Transaction ID: C22951
 Amount of Each Receipt this Period 550.00

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

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

Mailing Address 10624 S. Trumbull Ave.

City Chicago State IL Zip Code 60655

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

Name of Employer Heather Health Care Center Occupation Information Requested

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 02 / 17 / 2009
Transaction ID: C5160334
 Amount of Each Receipt this Period 250.00

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

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

Mailing Address 24725 S Chestnut Ln

City Crete State IL Zip Code 60417-3764

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

Name of Employer Shea, Paige & Rogal, Inc. Occupation Government Consultant

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1200.00

Date of Receipt 02 / 27 / 2009
Transaction ID: C23171
 Amount of Each Receipt this Period 200.00

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

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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 86 / 232
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Sara

A. Full Name (Last, First, Middle Initial)
Sarah Pang

Mailing Address 1460 N. North Park Avenue

City State Zip Code
Chicago IL 60610

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

Name of Employer CNA Occupation Senior Vice Pres.

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period: 1000.00

Transaction ID: C21701

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

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

Mailing Address 391 Dancette Dr.

City State Zip Code
Rockton IL 61072

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

Name of Employer Alden Park Strathmoor Rehab and Health Occupation Administrator

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period: 250.00

Transaction ID: C5160336

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

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

Mailing Address 1330 W. Cornelia Ave.

City State Zip Code
Chicago IL 60657

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

Name of Employer Self Occupation Attorney

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period: 300.00

Transaction ID: C5160096

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

SUBTOTAL of Receipts This Page (optional) ► **1550.00**

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 87 / 232
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Sara

A. Full Name (Last, First, Middle Initial)
Allison Passman
Mailing Address 1424 W School
City Chicago State IL Zip Code 60657
FEC ID number of contributing federal political committee. **C**
Name of Employer Latham & Watkins Occupation Attorney
Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼
Date of Receipt: 02 / 17 / 2009
Transaction ID: C25871
Amount of Each Receipt this Period: 855.16
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
* In-Kind: Catering

B. Full Name (Last, First, Middle Initial)
Hart M. Passman
Mailing Address 1424 W School
City Chicago State IL Zip Code 60657
FEC ID number of contributing federal political committee. **C**
Name of Employer Holland & Knight LLP Occupation Attorney
Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼
Date of Receipt: 02 / 22 / 2009
Transaction ID: C21534
Amount of Each Receipt this Period: 750.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
sebastian T. patti
Mailing Address 552 W Belden Ave
City Chicago State IL Zip Code 60614-3354
FEC ID number of contributing federal political committee. **C**
Name of Employer state of illinois Occupation judge
Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼
Date of Receipt: 02 / 17 / 2009
Transaction ID: C5160311
Amount of Each Receipt this Period: 100.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **1705.16**
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 88 / 232

(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)
Friends of Sara

A.

Full Name (Last, First, Middle Initial)
sebastian T. patti

Mailing Address 552 W Belden Ave

City State Zip Code
Chicago IL 60614-3354

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

Name of Employer state of illinois Occupation
judge

Receipt For: 2009 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1375.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 7 / 2 0 0 9

Transaction ID: C24136

Amount of Each Receipt this Period

975.00

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

B.

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

Mailing Address 905 W. Belle Plaine Ave.

City State Zip Code
Chicago IL 60613

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

Name of Employer AIDS Foundation of Chicago Occupation
policy

Receipt For: 2009 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1400.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 6 / 2 0 0 9

Transaction ID: C5160126

Amount of Each Receipt this Period

50.00

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

C.

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

Mailing Address 905 W. Belle Plaine Ave.

City State Zip Code
Chicago IL 60613

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

Name of Employer AIDS Foundation of Chicago Occupation
policy

Receipt For: 2009 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1400.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 9 / 2 0 0 9

Transaction ID: C5164125

Amount of Each Receipt this Period

700.00

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

SUBTOTAL of Receipts This Page (optional)

1725.00

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 89 / 232
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Sara

A. Full Name (Last, First, Middle Initial)
Alan J Pervil

Mailing Address 720 Olive Street
Suite 1701

City State Zip Code
Saint Louis MO 63101

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

Name of Employer Occupation
Jack Dubinsky and Sons Partner

Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
03 / 02 / 2009

Transaction ID: C25130

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)
Vince Pesha

Mailing Address 15241 Cottonwood Circle

City State Zip Code
Orland Park IL 60462

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

Name of Employer Occupation
SEIU Organizer

Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
02 / 24 / 2009

Transaction ID: C21888

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Mark B. Petersen

Mailing Address 830 W. Trailcreek Dr.

City State Zip Code
Peoria IL 61614

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

Name of Employer Occupation
The Petersen Companies Owner

Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
02 / 12 / 2009

Transaction ID: C5159394

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

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 90 / 232

(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)
Friends of Sara

A.

Full Name (Last, First, Middle Initial)
Carol Pettinati

Mailing Address 3874 RFD

City State Zip Code
Long Grove IL 60047

FEC ID number of contributing federal political committee. C

Name of Employer Alden Estate of Barrington Occupation Information Requested

Receipt For: 2009 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 17 / 2009

Transaction ID: C5160322

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)
Mark Peysakhovich

Mailing Address 917 Wisconsin Ave

City State Zip Code
Oak Park IL 60304-1816

FEC ID number of contributing federal political committee. C

Name of Employer American Heart Association Occupation Sr. Directort of Advocacy

Receipt For: 2009 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

1300.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 17 / 2009

Transaction ID: C25869

Amount of Each Receipt this Period
800.00

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

* In-Kind: Catering

C.

Full Name (Last, First, Middle Initial)
Mark Peysakhovich

Mailing Address 917 Wisconsin Ave

City State Zip Code
Oak Park IL 60304-1816

FEC ID number of contributing federal political committee. C

Name of Employer American Heart Association Occupation Sr. Directort of Advocacy

Receipt For: 2009 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

1300.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 17 / 2009

Transaction ID: C5160277

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) 1550.00

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 91 / 232
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Sara

A.

Full Name (Last, First, Middle Initial)
Eli Pick

Mailing Address 2708 N. Wayne

City Chicago State IL Zip Code 60614

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

Name of Employer Pick Management Group Occupation Owner

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 02 / 17 / 2009

Transaction ID: C5160341

Amount of Each Receipt this Period 500.00

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

B.

Full Name (Last, First, Middle Initial)
James Pickett

Mailing Address 5528 N Kenmore Ave Apt 110

City Chicago State IL Zip Code 60640-1562

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

Name of Employer AIDS Foundation of Chicago Occupation advocacy

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt 02 / 17 / 2009

Transaction ID: C5160279

Amount of Each Receipt this Period 100.00

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

C.

Full Name (Last, First, Middle Initial)
Rodger Wade Pielet

Mailing Address 2155 W Huron St

City Chicago State IL Zip Code 60612-1305

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

Name of Employer Self Occupation Surgeon

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 02 / 17 / 2009

Transaction ID: C5160198

Amount of Each Receipt this Period 1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 1600.00

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 92 / 232
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Sara

A. Full Name (Last, First, Middle Initial)
Aimee A Pine

Mailing Address 3751 N Halsted St
Apt 216

City Chicago State IL Zip Code 60613-3942

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

Name of Employer State of Illinois Occupation Director

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt: 02 / 16 / 2009
Transaction ID: C5160257
 Amount of Each Receipt this Period: 100.00

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

B. Full Name (Last, First, Middle Initial)
Aimee A Pine

Mailing Address 3751 N Halsted St
Apt 216

City Chicago State IL Zip Code 60613-3942

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

Name of Employer State of Illinois Occupation Director

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt: 02 / 18 / 2009
Transaction ID: C5163747
 Amount of Each Receipt this Period: 150.00

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

C. Full Name (Last, First, Middle Initial)
Michael E. Pollak

Mailing Address 2221 Birchwood Lane

City Northfield State IL Zip Code 60093

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

Name of Employer The Pollak Law Firm, LLC Occupation Attorney

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1250.00

Date of Receipt: 02 / 25 / 2009
Transaction ID: C22554
 Amount of Each Receipt this Period: 250.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **500.00**

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 93 / 232
(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 <input type="checkbox"/> 15 |

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

NAME OF COMMITTEE (In Full)
Friends of Sara

A.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) David Porush | | Date of Receipt MM / DD / YYYY 02 / 18 / 2009 |
| Mailing Address 2923 W. Lunt Ave | | Transaction ID: C5163718 |
| City Chicago | State IL | Zip Code 60645 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 350.00 |
| Name of Employer MTS Consulting, LLC | Occupation Attorney | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 350.00 | |

B.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) George Poszywak | | Date of Receipt MM / DD / YYYY 02 / 27 / 2009 |
| Mailing Address 2970 N. Lake Shore Dr. Apt. 14D | | Transaction ID: C24164 |
| City Chicago | State IL | Zip Code 60657 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Information Requested | Occupation Information Requested | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 250.00 | |

C.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) Arthur Potash | | Date of Receipt MM / DD / YYYY 02 / 25 / 2009 |
| Mailing Address 1706 W Byron St | | Transaction ID: C22625 |
| City Chicago | State IL | Zip Code 60613-2789 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Potash Bros. Inc. | Occupation Executive | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 750.00 | |

| | |
|--|---------------|
| 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 94 / 232
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Friends of Sara

A. Full Name (Last, First, Middle Initial)
Melvin Potash

Mailing Address 1525 N Sandburg Ter

City Chicago State IL Zip Code 60610-8052

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

Name of Employer Potash Bros. Occupation Grocer

Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt: 02 / 16 / 2009
Transaction ID: C5160146
 Amount of Each Receipt this Period: 1500.00

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

B. Full Name (Last, First, Middle Initial)
F. John Potts

Mailing Address 5508 Arrowwood Ln.

City Rolling Meadows State IL Zip Code 60008

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

Name of Employer Illinois Strategies Occupation Lobbyist

Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt: 02 / 21 / 2009
Transaction ID: C5164396
 Amount of Each Receipt this Period: 500.00

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

C. Full Name (Last, First, Middle Initial)
Joseph A. Power, Jr.

Mailing Address 344 W Wellington Ave

City Chicago State IL Zip Code 60657-5637

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

Name of Employer Power, Rogers and Smith Occupation Lawyer

Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt: 02 / 13 / 2009
Transaction ID: C5160013
 Amount of Each Receipt this Period: 2400.00

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

SUBTOTAL of Receipts This Page (optional) ► **4400.00**

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 95 / 232
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Sara

A. Full Name (Last, First, Middle Initial)
J.B. Pritzker
Mailing Address 2888 Sheridan Pl
City State Zip Code
Evanston IL 60201-1726
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
The Pritzker Group Managing Partner
Receipt For: 2009 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 2400.00
Date of Receipt: 02 / 12 / 2009
Transaction ID: C5159393
Amount of Each Receipt this Period: 2400.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Susan S. Pritzker
Mailing Address 1518 N Astor St
City State Zip Code
Chicago IL 60610-1610
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
not employed N/A
Receipt For: 2009 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 250.00
Date of Receipt: 02 / 24 / 2009
Transaction ID: C21733
Amount of Each Receipt this Period: 250.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
James Purcell
Mailing Address 324 West Touhy
City State Zip Code
Park Ridge IL 60068
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
BJB Partners, LLC Real Estate Investment
Receipt For: 2009 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1500.00
Date of Receipt: 03 / 02 / 2009
Transaction ID: C24536
Amount of Each Receipt this Period: 1500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 4150.00
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 96 / 232
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Friends of Sara

A. Full Name (Last, First, Middle Initial)
Noelia Quintanilla

Mailing Address 911 Tamarack Ln.

City State Zip Code
Rockford IL 61107

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

Name of Employer Information Requested Occupation Information Requested
SEIU ILLINOIS COUNCIL Director of Communications

Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 2 1 / 2 0 0 9

Transaction ID: C5164398

Amount of Each Receipt this Period
400.00

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

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

Mailing Address 911 Tamarack Lane

City State Zip Code
Rockford IL 61107

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

Name of Employer Information Requested Occupation Information Requested
SEIU ILLINOIS COUNCIL Director of Communications

Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 1 7 / 2 0 0 9

Transaction ID: C5163703

Amount of Each Receipt this Period
225.00

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

C. Full Name (Last, First, Middle Initial)
Julia M. Rahn

Mailing Address 1125 W Wellington Ave

City State Zip Code
Chicago IL 60657-4337

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

Name of Employer Information Requested Occupation Information Requested
Self Psychologist

Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 2 2 / 2 0 0 9

Transaction ID: C21501

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **1625.00**

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 97 / 232
(check only one)

| | | | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 11d | | |
| <input type="checkbox"/> | 12 | <input type="checkbox"/> | 13a | <input type="checkbox"/> | 13b | <input type="checkbox"/> | 14 | <input type="checkbox"/> | 15 |

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

NAME OF COMMITTEE (In Full)
Friends of Sara

A.

Full Name (Last, First, Middle Initial)
Norman Raidl

Mailing Address 4300 N Marine Dr
Apt 704

City Chicago State IL Zip Code 60613-5803

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

Name of Employer None Occupation Retired

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt 02 / 27 / 2009
Transaction ID: C24181
Amount of Each Receipt this Period 150.00

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

B.

Full Name (Last, First, Middle Initial)
Roberta Rakovea

Mailing Address 608 Asbury Ave

City Evanston State IL Zip Code 60202-2169

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

Name of Employer Sinai Health System Occupation Government Affairs

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 02 / 17 / 2009
Transaction ID: C5160309
Amount of Each Receipt this Period 250.00

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

C.

Full Name (Last, First, Middle Initial)
Wilfredo Ramos

Mailing Address 3515 Thornwood Ave

City Wilmette State IL Zip Code 60091-1036

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

Name of Employer Advocate Healthcare Occupation Senior VP, Communications & Gov't Relations

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 02 / 17 / 2009
Transaction ID: C5160347
Amount of Each Receipt this Period 250.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **650.00**

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 98 / 232
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Sara

A.

Full Name (Last, First, Middle Initial)
Janelle Rau-Clauson

Mailing Address 4213 N. Mason Ave.

City State Zip Code
Chicago IL 60634

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 2 7 / 2 0 0 9

Transaction ID: C24156

Amount of Each Receipt this Period
300.00

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

B.

Full Name (Last, First, Middle Initial)
Diana Rauner

Mailing Address 720 Rosewood Ave

City State Zip Code
Winnetka IL 60093-2031

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

Name of Employer Occupation
Ounce of Prevention Fund Executive Director

Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 2 6 / 2 0 0 9

Transaction ID: C22683

Amount of Each Receipt this Period
500.00

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

C.

Full Name (Last, First, Middle Initial)
David L. Reifman

Mailing Address 203 N La Salle St
Ste 1900

City State Zip Code
Chicago IL 60601-1263

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

Name of Employer Occupation
Piper Rudnick Attorney

Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
0 3 / 1 3 / 2 0 0 9

Transaction ID: C25122

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) ► **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 99 / 232
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Sara

A. Full Name (Last, First, Middle Initial)
Anna Rendina
Mailing Address 1041 Martha St
City Elk Grove Village State IL Zip Code 60007-3459
FEC ID number of contributing federal political committee. **C**
Name of Employer VIAN Construction Occupation Owner
Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2000.00
Date of Receipt 03 / 02 / 2009
Transaction ID: C24659
Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
rebecca reno
Mailing Address 42 Quail Run Road
City Storrs State CT Zip Code 06268
FEC ID number of contributing federal political committee. **C**
Name of Employer none Occupation retired
Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00
Date of Receipt 02 / 13 / 2009
Transaction ID: C5160054
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)
Luis Resendiz
Mailing Address 1031 W Addison St
City Chicago State IL Zip Code 60613-4304
FEC ID number of contributing federal political committee. **C**
Name of Employer Resendiz Auto Repair Occupation Owner
Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00
Date of Receipt 02 / 20 / 2009
Transaction ID: C5164335
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) ► 2500.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 100 / 232
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Sara

A. Full Name (Last, First, Middle Initial)
Laura Ricketts

Mailing Address 1615 W Rosehill Drive

City State Zip Code
Chicago IL 60660

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

Name of Employer Ecotravel, LLC Occupation Executive

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period: 2400.00

Transaction ID: C5160045

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

B. Full Name (Last, First, Middle Initial)
Barry S. Ring

Mailing Address 552 W Oakdale Ave

City State Zip Code
Chicago IL 60657-5706

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

Name of Employer Self Occupation Physician

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period: 750.00

Transaction ID: C5160108

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

C. Full Name (Last, First, Middle Initial)
Barry S. Ring

Mailing Address 552 W Oakdale Ave

City State Zip Code
Chicago IL 60657-5706

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

Name of Employer Self Occupation Physician

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period: 250.00

Transaction ID: C5163746

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

SUBTOTAL of Receipts This Page (optional) ► **3400.00**

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 101 / 232
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Sara

A. Full Name (Last, First, Middle Initial)
Barry S. Ring

Mailing Address 552 W Oakdale Ave

City Chicago State IL Zip Code 60657-5706

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

Name of Employer Self Occupation Physician

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 02 / 28 / 2009

Transaction ID: C24224

Amount of Each Receipt this Period 1000.00

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

B. Full Name (Last, First, Middle Initial)
Paul Ringel, M.D.

Mailing Address 395 Elder Ln

City Winnetka State IL Zip Code 60093-4250

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

Name of Employer Advocate Illinois Masonic Medical Cent Occupation Physician

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 02 / 18 / 2009

Transaction ID: C5163732

Amount of Each Receipt this Period 500.00

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

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

Mailing Address 2947 W. Lyndale

City Chicago State IL Zip Code 60647

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

Name of Employer Alden Estates of Evanston Rehab and He Occupation Administrator

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 02 / 17 / 2009

Transaction ID: C5160317

Amount of Each Receipt this Period 250.00

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

SUBTOTAL of Receipts This Page (optional) ► 1750.00

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 102 / 232

(check only one)

| | | | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 11d | | |
| <input type="checkbox"/> | 12 | <input type="checkbox"/> | 13a | <input type="checkbox"/> | 13b | <input type="checkbox"/> | 14 | <input type="checkbox"/> | 15 |

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

NAME OF COMMITTEE (In Full)
Friends of Sara

A.

Full Name (Last, First, Middle Initial)
Larry R. Rogers, Sr.

Mailing Address 55 S. Deere Park Dr.

City Highland Park State IL Zip Code 60035

FEC ID number of contributing federal political committee. C

Name of Employer None Occupation Homemaker

Receipt For: 2009
 Primary General
 Other (specify) Election Cycle-to-Date 2300.00

Date of Receipt

MM / DD / YYYY
02 / 13 / 2009

Transaction ID: C5160014

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)
Sheila Romano

Mailing Address 533 Menominee Ln

City Naperville State IL Zip Code 60563-1321

FEC ID number of contributing federal political committee. C

Name of Employer IL Council on DD Occupation Director

Receipt For: 2009
 Primary General
 Other (specify) Election Cycle-to-Date 350.00

Date of Receipt

MM / DD / YYYY
02 / 19 / 2009

Transaction ID: C5164119

Amount of Each Receipt this Period

150.00

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

C.

Full Name (Last, First, Middle Initial)
Sheila Romano

Mailing Address 533 Menominee Ln

City Naperville State IL Zip Code 60563-1321

FEC ID number of contributing federal political committee. C

Name of Employer IL Council on DD Occupation Director

Receipt For: 2009
 Primary General
 Other (specify) Election Cycle-to-Date 350.00

Date of Receipt

MM / DD / YYYY
03 / 16 / 2009

Transaction ID: C25136

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) ▶

2500.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 103 / 232
(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)
Friends of Sara

A. Full Name (Last, First, Middle Initial)
Antonio Romanucci

Mailing Address 33 N. LaSalle St.
Suite 2200

City Chicago State IL Zip Code 60602

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

Name of Employer Self Occupation Attorney

Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt: MM / DD / YYYY
02 / 25 / 2009

Transaction ID: C22616

Amount of Each Receipt this Period: 1000.00

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

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

Mailing Address 405 N Wabash Ave
Apt 4905

City Chicago State IL Zip Code 60611-5692

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

Name of Employer Self Occupation Physician

Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt: MM / DD / YYYY
02 / 17 / 2009

Transaction ID: C5160280

Amount of Each Receipt this Period: 500.00

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

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

Mailing Address 9040 Kedvale Ave

City Skokie State IL Zip Code 60076-1720

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

Name of Employer Metra Occupation Attorney

Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt: MM / DD / YYYY
03 / 17 / 2009

Transaction ID: C25140

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) ► **1550.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 104 / 232 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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

NAME OF COMMITTEE (In Full)
Friends of Sara

| | | |
|---|---|---|
| A. | Full Name (Last, First, Middle Initial) Ezra Rosenberg | Date of Receipt MM / DD / YYYY 02 / 23 / 2009 |
| | Mailing Address 109 West Prospect Street | Transaction ID: C21670 |
| | City State Zip Code Hopewell NJ 08525 | Amount of Each Receipt this Period 1000.00 |
| | FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| | Name of Employer Occupation Dechert LLP Attorney | |
| Receipt For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | |

| | | |
|---|---|---|
| B. | Full Name (Last, First, Middle Initial) Lee Rosenberg | Date of Receipt MM / DD / YYYY 02 / 27 / 2009 |
| | Mailing Address 2053 N Seminary Ave | Transaction ID: C24165 |
| | City State Zip Code Chicago IL 60614-4109 | Amount of Each Receipt this Period 500.00 |
| | FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| | Name of Employer Occupation LRSmedia LLC President | |
| Receipt For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 818.00 | |

| | | |
|---|--|---|
| C. | Full Name (Last, First, Middle Initial) Lester Rosenberg | Date of Receipt MM / DD / YYYY 02 / 27 / 2009 |
| | Mailing Address 1420 Sheridan Rd. | Transaction ID: C24166 |
| | City State Zip Code Wilmette IL 60091 | Amount of Each Receipt this Period 500.00 |
| | FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| | Name of Employer Occupation Superior Street Capital Advisors Ltd Exec. V.P. | |
| Receipt For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 500.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) | 2000.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 105 / 232
(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)
Friends of Sara

A.

Full Name (Last, First, Middle Initial)
Amy Spar Rosenberg

Mailing Address 3152 N. Husdon, #2

City State Zip Code
Chicago IL 60657

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

Name of Employer Chicago Investment Group Occupation Attorney

Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
03 / 23 / 2009

Transaction ID: C25583

Amount of Each Receipt this Period
675.00

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

B.

Full Name (Last, First, Middle Initial)
Howard Rosenberg

Mailing Address 3152 N. Husdon, #2

City State Zip Code
Chicago IL 60657

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

Name of Employer Chicago Investment Group, LLC Occupation Attorney

Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
02 / 12 / 2009

Transaction ID: C5159914

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)
Howard Rosenberg

Mailing Address 3152 N. Husdon, #2

City State Zip Code
Chicago IL 60657

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

Name of Employer Chicago Investment Group, LLC Occupation Attorney

Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
02 / 17 / 2009

Transaction ID: C25870

Amount of Each Receipt this Period
400.00

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

* In-Kind: Catering

SUBTOTAL of Receipts This Page (optional) ► **2075.00**

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 106 / 232
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Sara

| | |
|--|---|
| <p>A. Full Name (Last, First, Middle Initial) Paul Rosenfeld</p> <p>Mailing Address 320 W Ohio St Ste 501</p> <p>City State Zip Code Chicago IL 60654-7816</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation PAR Solutions President</p> <p>Receipt For: 2009 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 2 / 2 0 0 9</p> <p>Transaction ID: C5160010</p> <p>Amount of Each Receipt this Period 1000.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> |
|--|---|

| | |
|---|--|
| <p>B. Full Name (Last, First, Middle Initial) Maria Rosete</p> <p>Mailing Address 5225 Notting Hill Rd.</p> <p>City State Zip Code Gurnee IL 60031</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Alden Long Grove Information Requested</p> <p>Receipt For: 2009 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 9</p> <p>Transaction ID: C5160327</p> <p>Amount of Each Receipt this Period 250.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> |
|---|--|

| | |
|---|---|
| <p>C. Full Name (Last, First, Middle Initial) Mel Ryley</p> <p>Mailing Address 5425 N. Glenwood</p> <p>City State Zip Code Chicago IL 60660</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Institute for Spiritual Leadership Teacher/Spiritual Counseling</p> <p>Receipt For: 2009 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 9</p> <p>Transaction ID: C25805</p> <p>Amount of Each Receipt this Period 50.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> |
|---|---|

| | |
|--|---|
| 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 107 / 232
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Sara

A. Full Name (Last, First, Middle Initial)
Mel Ryley
Mailing Address 5425 N. Glenwood
City Chicago State IL Zip Code 60660
FEC ID number of contributing federal political committee. **C**
Name of Employer Institute for Spiritual Leadership Occupation Teacher/Spiritual Counseling
Receipt For: 2009 Election Cycle-to-Date
 Primary General
 Other (specify) **414.70**
Date of Receipt 02 / 21 / 2009
Transaction ID: C25856
Amount of Each Receipt this Period 364.70
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
* In-Kind: Catering

B. Full Name (Last, First, Middle Initial)
Andrea Saffir
Mailing Address 1143 Sheridan Rd.
City Highland Park State IL Zip Code 60035
FEC ID number of contributing federal political committee. **C**
Name of Employer Homemaker Occupation Not Employed
Receipt For: 2009 Election Cycle-to-Date
 Primary General
 Other (specify) **2400.00**
Date of Receipt 02 / 24 / 2009
Transaction ID: C22521
Amount of Each Receipt this Period 2400.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Esther Saks
Mailing Address 3920 N. LakeShore Drive Apt. 9S # 9S
City Chicago State IL Zip Code 60613
FEC ID number of contributing federal political committee. **C**
Name of Employer None Occupation Retired
Receipt For: 2009 Election Cycle-to-Date
 Primary General
 Other (specify) **1000.00**
Date of Receipt 02 / 26 / 2009
Transaction ID: C24070
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) **3264.70**
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 108 / 232
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Sara

A. Full Name (Last, First, Middle Initial)
Jane M. Saks

Mailing Address 2741 W Logan Blvd
2

City Chicago State IL Zip Code 60647-1869

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

Name of Employer Columbia College Chicago Occupation Executive Director

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 02 / 24 / 2009

Transaction ID: C22379

Amount of Each Receipt this Period: 300.00

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

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

Mailing Address 455 W. Oakdale Ave.
Apt. 3

City Chicago State IL Zip Code 60657

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 02 / 26 / 2009

Transaction ID: C24075

Amount of Each Receipt this Period: 250.00

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

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

Mailing Address 3150 N Sheridan Rd
Apt 10B

City Chicago State IL Zip Code 60657-4838

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

Name of Employer Self-Employed Occupation Marketing

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 02 / 23 / 2009

Transaction ID: C21634

Amount of Each Receipt this Period: 250.00

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

SUBTOTAL of Receipts This Page (optional) ► **800.00**

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 109 / 232
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Sara

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

Mailing Address 3150 N Sheridan Rd
Apt 10B

City Chicago State IL Zip Code 60657-4838

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

Name of Employer Self-Employed Occupation Marketing

Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt: 03 / 10 / 2009
Transaction ID: C25071
 Amount of Each Receipt this Period: 100.00

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

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

Mailing Address 807 kimballwood lane

City highland park State IL Zip Code 60035

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

Name of Employer Hu friedy mfg Occupation owner

Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt: 02 / 25 / 2009
Transaction ID: C22664
 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)
Matthew Schiff

Mailing Address 150 N. Wacker Drive
Suite 1300

City Chicago State IL Zip Code 60606

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

Name of Employer Schiff & Hulbert Occupation Attorney

Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt: 02 / 15 / 2009
Transaction ID: C5160083
 Amount of Each Receipt this Period: 250.00

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

SUBTOTAL of Receipts This Page (optional) ► **1350.00**

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 110 / 232
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Sara

| | |
|--|--|
| <p>A. Full Name (Last, First, Middle Initial) Mark Schlenker</p> <p>Mailing Address 1242 W Addison St</p> <p>City State Zip Code Chicago IL 60613-4648</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Brixen Ivy LLC Owner</p> <p>Receipt For: 2009 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">500.00</p> | <p>Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 0 9</p> <p>Transaction ID: C22691</p> <p>Amount of Each Receipt this Period 500.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> |
|--|--|

| | |
|--|---|
| <p>B. Full Name (Last, First, Middle Initial) Floyd Schlossberg</p> <p>Mailing Address 7752 Arcadia St.</p> <p>City State Zip Code Morton Grove IL 60053</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Alden Health Care and Senior Living President</p> <p>Receipt For: 2009 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">2400.00</p> | <p>Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 9</p> <p>Transaction ID: C5160338</p> <p>Amount of Each Receipt this Period 2400.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> |
|--|---|

| | |
|---|---|
| <p>C. Full Name (Last, First, Middle Initial) Nancy Schmidt</p> <p>Mailing Address 1125 W. Wellington Ave.</p> <p>City State Zip Code Chicago IL 60657</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Self-employed Trader</p> <p>Receipt For: 2009 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">2000.00</p> | <p>Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 9</p> <p>Transaction ID: C21530</p> <p>Amount of Each Receipt this Period 2000.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> |
|---|---|

| | |
|--|---|
| SUBTOTAL of Receipts This Page (optional) | 4900.00 |
| 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 111 / 232
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Sara

A. Full Name (Last, First, Middle Initial)
Annette Schneider

Mailing Address 2800 N. Lake shore Dr.

City Chicago State IL Zip Code 60657

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

Name of Employer None Occupation Retired

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1350.00

Date of Receipt 03 / 23 / 2009
Transaction ID: C25584
 Amount of Each Receipt this Period 350.00

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

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

Mailing Address 6024 N. Monticello Ave.

City Chicago State IL Zip Code 60659

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt 03 / 02 / 2009
Transaction ID: C25837
 Amount of Each Receipt this Period 350.00

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

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

Mailing Address 414 N Orleans St Ste 402

City Chicago State IL Zip Code 60654-4461

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

Name of Employer Lunan Corporation Occupation Executive

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 03 / 02 / 2009
Transaction ID: C24626
 Amount of Each Receipt this Period 250.00

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

SUBTOTAL of Receipts This Page (optional) ► 950.00

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 112 / 232
(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)
Friends of Sara

A.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) Steven A. Schultz | | Date of Receipt MM / DD / YYYY 02 / 19 / 2009 |
| Mailing Address 1025 W Addison St | | Transaction ID: C5163852 |
| City Chicago | State IL | Zip Code 60613-4304 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer Self | Occupation Real Estate | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 500.00 | |

B.

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) Barbara Sereda | | Date of Receipt MM / DD / YYYY 02 / 26 / 2009 |
| Mailing Address 255 Linden Park Pl | | Transaction ID: C22918 |
| City Highland Park | State IL | Zip Code 60035-2519 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 750.00 |
| Name of Employer Self Employed | Occupation Attorney | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1050.00 | |

C.

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) Paul Shadle | | Date of Receipt MM / DD / YYYY 03 / 13 / 2009 |
| Mailing Address 1918 W. Waveland | | Transaction ID: C25123 |
| City Chicago | State IL | Zip Code 60613-1820 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Information Requested | Occupation Information Requested | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 250.00 | |

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| SUBTOTAL of Receipts This Page (optional) | 1500.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 113 / 232
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Sara

A. Full Name (Last, First, Middle Initial)
Joe Shanahan
Mailing Address 3730 N. Clark St.
City Chicago State IL Zip Code 60657
FEC ID number of contributing federal political committee. C

Date of Receipt 03 / 03 / 2009
Transaction ID: C25854
Amount of Each Receipt this Period 2165.00

Name of Employer Metro SmartBar Occupation Owner
Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2165.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
* In-Kind: Hall Rental for Election Night and Catering

B. Full Name (Last, First, Middle Initial)
Charles P. Sheets
Mailing Address 2146 Westwind Ct
City Naperville State IL Zip Code 60565-2404
FEC ID number of contributing federal political committee. C

Date of Receipt 02 / 17 / 2009
Transaction ID: C5160281
Amount of Each Receipt this Period 500.00

Name of Employer Polsinelli Shughart, PC Occupation Attorney
Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

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

C. Full Name (Last, First, Middle Initial)
Linda Rae Sher
Mailing Address 159 E. Walton PL.
City Chicago State IL Zip Code 60611
FEC ID number of contributing federal political committee. C

Date of Receipt 03 / 02 / 2009
Transaction ID: C24647
Amount of Each Receipt this Period 250.00

Name of Employer Information Requested Occupation Information Requested
Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

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

SUBTOTAL of Receipts This Page (optional) 2915.00

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 114 / 232
(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)
Friends of Sara

A. Full Name (Last, First, Middle Initial)
Caroline Shoenberger

Mailing Address 1724 N Larrabee St

City State Zip Code
Chicago IL 60614-5622

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

Name of Employer Chicago Legal Clinic Occupation Supervisory Attorney

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 450.00

Date of Receipt
MM / DD / YYYY
02 / 17 / 2009

Transaction ID: C5160367

Amount of Each Receipt this Period
200.00

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

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

Mailing Address 20 N Clark St
Ste 2200

City State Zip Code
Chicago IL 60602-5113

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

Name of Employer Self-employed Occupation Attorney

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt
MM / DD / YYYY
02 / 16 / 2009

Transaction ID: C5160117

Amount of Each Receipt this Period
2400.00

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

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

Mailing Address 1820 S Wiggins Ave

City State Zip Code
Leland Grove IL 62704-3335

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

Name of Employer Self Occupation Speech Pathologist

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt
MM / DD / YYYY
02 / 13 / 2009

Transaction ID: C5159951

Amount of Each Receipt this Period
2400.00

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

SUBTOTAL of Receipts This Page (optional) ► 5000.00

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 115 / 232 (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)
Friends of Sara

| | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|---------|
| <p>A. Full Name (Last, First, Middle Initial) Thomas Simonds</p> <p>Mailing Address 7064 N. Greenview Ave.</p> <p>City State Zip Code Chicago IL 60626</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Cquest America CEO</p> <p>Receipt For: 2009 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right; margin-right: 50px;">1000.00</p> | <p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>2</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr> </table> </p> <p>Transaction ID: C22610</p> <p>Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr><td>1000.00</td></tr> </table> </p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 2 | | 2 | 5 | | 2 | 0 | 0 | 9 | 1000.00 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | |
| 0 | 2 | | 2 | 5 | | 2 | 0 | 0 | 9 | | | | | | | | | | | | | |
| 1000.00 | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|--------|
| <p>B. Full Name (Last, First, Middle Initial) Mary 'Honey' J. Skinner</p> <p>Mailing Address 11 Indian Hill Rd</p> <p>City State Zip Code Winnetka IL 60093-3923</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Sidley, Austin, Brown and Wood Lawyer</p> <p>Receipt For: 2009 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right; margin-right: 50px;">700.00</p> | <p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>2</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr> </table> </p> <p>Transaction ID: C5159975</p> <p>Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr><td>500.00</td></tr> </table> </p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 2 | | 1 | 3 | | 2 | 0 | 0 | 9 | 500.00 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | |
| 0 | 2 | | 1 | 3 | | 2 | 0 | 0 | 9 | | | | | | | | | | | | | |
| 500.00 | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|---------|
| <p>C. Full Name (Last, First, Middle Initial) Stan J Sloan</p> <p>Mailing Address 1406 N Paulina St</p> <p>City State Zip Code Chicago IL 60622-2118</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Chicago House CEO</p> <p>Receipt For: 2009 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right; margin-right: 50px;">1450.00</p> | <p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>2</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr> </table> </p> <p>Transaction ID: C5164366</p> <p>Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr><td>1100.00</td></tr> </table> </p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 2 | | 2 | 1 | | 2 | 0 | 0 | 9 | 1100.00 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | |
| 0 | 2 | | 2 | 1 | | 2 | 0 | 0 | 9 | | | | | | | | | | | | | |
| 1100.00 | | | | | | | | | | | | | | | | | | | | | | |

| | | |
|--|--|---------|
| SUBTOTAL of Receipts This Page (optional) | <table border="1" style="width: 100%;"><tr><td>2600.00</td></tr></table> | 2600.00 |
| 2600.00 | | |
| TOTAL This Period (last page this line number only) | <table border="1" style="width: 100%;"><tr><td> </td></tr></table> | |
| | | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 116 / 232
(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)
Friends of Sara

| | |
|---|---|
| <p>A. Full Name (Last, First, Middle Initial) Linda M. Smith</p> <p>Mailing Address POBox 30136</p> <p>City State Zip Code Chicago IL 60630</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self Occupation Singer/Songwriter</p> <p>Receipt For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼</p> <p style="text-align: right;">800.00</p> | <p>Date of Receipt MM / DD / YYYY 02 / 21 / 2009</p> <p>Transaction ID: C25860</p> <p>Amount of Each Receipt this Period 800.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> <p>* In-Kind: Entertainment</p> |
|---|---|

| | |
|---|---|
| <p>B. Full Name (Last, First, Middle Initial) Toni Smith</p> <p>Mailing Address 3470 N Lake Shore Dr 11A</p> <p>City State Zip Code Chicago IL 60657-2881</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer none Occupation retired</p> <p>Receipt For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼</p> <p style="text-align: right;">250.00</p> | <p>Date of Receipt MM / DD / YYYY 02 / 17 / 2009</p> <p>Transaction ID: C5160312</p> <p>Amount of Each Receipt this Period 150.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> |
|---|---|

| | |
|---|--|
| <p>C. Full Name (Last, First, Middle Initial) William F. Smith</p> <p>Mailing Address 1440 N. Bell Ave.</p> <p>City State Zip Code Chicago IL 60622</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer HomeStar Bank Occupation General Counsel</p> <p>Receipt For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼</p> <p style="text-align: right;">1500.00</p> | <p>Date of Receipt MM / DD / YYYY 02 / 24 / 2009</p> <p>Transaction ID: C22502</p> <p>Amount of Each Receipt this Period 1500.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> |
|---|--|

| | |
|---|-----------------------|
| <p>SUBTOTAL of Receipts This Page (optional)</p> | <p>2450.00</p> |
| <p>TOTAL This Period (last page this line number only)</p> | |

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

| | | |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 117 / 232 |
| | <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)
Friends of Sara

| | | | |
|---|---|----------------------------|--|
| A. | Full Name (Last, First, Middle Initial) Andrea Solow | | Date of Receipt |
| | Mailing Address 900 N Kingsbury St Apt 1031 | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 5 / 2 0 0 9 |
| | City | State | Zip Code |
| | Chicago | IL | 60610 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: C22645 |
| Name of Employer Not employed | | Occupation Not employed | Amount of Each Receipt this Period |
| Receipt For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ | <input type="text"/> 500.00 |
| | | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |

| | | | |
|---|---|--------------------------|--|
| B. | Full Name (Last, First, Middle Initial) Joseph Spagnoli | | Date of Receipt |
| | Mailing Address 6917 N. Kilbourn | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 0 / 2 0 0 9 |
| | City | State | Zip Code |
| | Lincolnwood | IL | 60712 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: C5164194 |
| Name of Employer Yak-Zies | | Occupation Owner | Amount of Each Receipt this Period |
| Receipt For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ | <input type="text"/> 500.00 |
| | | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |

| | | | |
|---|---|--------------------------|--|
| C. | Full Name (Last, First, Middle Initial) phil stebbing | | Date of Receipt |
| | Mailing Address 1516 S Wabash Ave Apt 705 | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 4 / 2 0 0 9 |
| | City | State | Zip Code |
| | Chicago | IL | 60605-2911 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: C21705 |
| Name of Employer Clarity Partners | | Occupation Director | Amount of Each Receipt this Period |
| Receipt For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ | <input type="text"/> 275.00 |
| | | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |

| | |
|--|------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 1100.00 |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 118 / 232 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Friends of Sara

| | | | |
|-----------|---|--|---|
| A. | Full Name (Last, First, Middle Initial) John Steffen | | Date of Receipt MM / DD / YYYY 02 / 18 / 2009 |
| | Mailing Address 725 N. Aberdeen Unit 604 | | Transaction ID: C5163890 |
| | City Chicago | State IL | Zip Code 60622 |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| | Name of Employer Information Requested Receipt For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Information Requested Election Cycle-to-Date ▼ 250.00 | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |

| | | | |
|-----------|--|---|---|
| B. | Full Name (Last, First, Middle Initial) Charles Steinberg | | Date of Receipt MM / DD / YYYY 02 / 18 / 2009 |
| | Mailing Address 111 W Washington St Suite 1421 | | Transaction ID: C5163739 |
| | City Chicago | State IL | Zip Code 60602 |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 200.00 |
| | Name of Employer self Receipt For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation attorney Election Cycle-to-Date ▼ 500.00 | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |

| | | | |
|-----------|--|--|---|
| C. | Full Name (Last, First, Middle Initial) James Stellas | | Date of Receipt MM / DD / YYYY 02 / 27 / 2009 |
| | Mailing Address 651 W Diversey Pkwy Ste 209 | | Transaction ID: C24056 |
| | City Chicago | State IL | Zip Code 60614-1510 |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| | Name of Employer S. Group Properties, LLC Receipt For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Real Estate Election Cycle-to-Date ▼ 500.00 | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 950.00 |
| 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 119 / 232
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Sara

A. Full Name (Last, First, Middle Initial)
Ellen Stone-Belic

Mailing Address 418 W. Webster Ave.

City Chicago State IL Zip Code 60614

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

Name of Employer None Occupation Retired

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 03 / 02 / 2009
Transaction ID: C25131
 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)
Michael Stoudt

Mailing Address 701 Downing St.

City New Lenox State IL Zip Code 60451

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

Name of Employer Alden Town Manor Occupation Information Requested

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 02 / 17 / 2009
Transaction ID: C5160321
 Amount of Each Receipt this Period 250.00

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

C. Full Name (Last, First, Middle Initial)
Steven R. Strauss

Mailing Address 2800 N Lake Shore Dr
Apt 3717

City Chicago State IL Zip Code 60657-6254

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

Name of Employer RBI Sluggers Occupation Owner

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 02 / 17 / 2009
Transaction ID: C5160305
 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) ► 1000.00

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 120 / 232

(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)
Friends of Sara

A.

Full Name (Last, First, Middle Initial)
Lauren Streicher

Mailing Address 1913 N Howe St

City Chicago State IL Zip Code 60614-5127

FEC ID number of contributing federal political committee. C

Name of Employer GYNECOLOGIC SPECIALISTS OF NORTHWESTER Occupation Physician

Receipt For: 2009 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

Date of Receipt MM / DD / YYYY
02 / 26 / 2009

Transaction ID: C22697

Amount of Each Receipt this Period 575.00

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

1575.00

B.

Full Name (Last, First, Middle Initial)
Tom M Suffredin

Mailing Address 3434 Springfield

City Chicago State IL Zip Code 60618

FEC ID number of contributing federal political committee. C

Name of Employer Law Offices of Thomas M, Suffredin Occupation Attorney

Receipt For: 2009 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

Date of Receipt MM / DD / YYYY
02 / 21 / 2009

Transaction ID: C5164365

Amount of Each Receipt this Period 100.00

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

450.00

C.

Full Name (Last, First, Middle Initial)
Dana Sullivan

Mailing Address 5425 N Glenwood

City Chicago State IL Zip Code 60660

FEC ID number of contributing federal political committee. C

Name of Employer St Pius School Occupation Teacher

Receipt For: 2009 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

Date of Receipt MM / DD / YYYY
02 / 21 / 2009

Transaction ID: C25806

Amount of Each Receipt this Period 50.00

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

414.70

SUBTOTAL of Receipts This Page (optional) 725.00

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 121 / 232
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Sara

A. Full Name (Last, First, Middle Initial)
Dana Sullivan

Mailing Address 5425 N Glenwood

City Chicago State IL Zip Code 60660

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

Name of Employer St Pius School Occupation Teacher

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 414.70

Date of Receipt 02 / 21 / 2009
Transaction ID: C25857
 Amount of Each Receipt this Period 364.70

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

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

Mailing Address 805 Sylviawood Ave.

City Park Ridge State IL Zip Code 60068

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

Name of Employer School District 64 Occupation Teacher

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 02 / 24 / 2009
Transaction ID: C21843
 Amount of Each Receipt this Period 250.00

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

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

Mailing Address 2851 S. King Dr.
Apt. 1306

City Chicago State IL Zip Code 60616

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

Name of Employer Mile Square Health Center Occupation Executive Director

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 02 / 25 / 2009
Transaction ID: C22613
 Amount of Each Receipt this Period 1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 1614.70

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 122 / 232
(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)
Friends of Sara

A.

Full Name (Last, First, Middle Initial)
Kevin Thompson

Mailing Address 9282 44th Ave SW

City State Zip Code
Seattle WA 98136-2625

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

Name of Employer Occupation
PRR Public Affairs

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
02 / 13 / 2009

Transaction ID: C5160048

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)
jacquie toia

Mailing Address 3911 W Dakin St

City State Zip Code
Chicago IL 60618-3101

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

Name of Employer Occupation
children's memorial hospital nurse practitioner

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
02 / 13 / 2009

Transaction ID: C5159973

Amount of Each Receipt this Period
50.00

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

C.

Full Name (Last, First, Middle Initial)
Leonard Toia

Mailing Address 804 Pine Forest Ln

City State Zip Code
Prospect Heights IL 60070-2580

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

Name of Employer Occupation
Leonas Owner

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
02 / 12 / 2009

Transaction ID: C5160011

Amount of Each Receipt this Period
2400.00

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

SUBTOTAL of Receipts This Page (optional) ► **2700.00**

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 123 / 232
(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)
Friends of Sara

A.

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) Salvatore P. Toia | | Date of Receipt MM / DD / YYYY 02 / 12 / 2009 |
| Mailing Address 3660 N Lake Shore Dr Apt 2609 | | Transaction ID: C5160008 |
| City Chicago | State IL | |
| 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 Leonas | Occupation Owner | |
| Receipt For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 2400.00 | |

B.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) Wilson Torres | | Date of Receipt MM / DD / YYYY 02 / 24 / 2009 |
| Mailing Address 932 W Addison St | | Transaction ID: C22631 |
| City Chicago | State IL | |
| 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 Addison Liquors | Occupation Self | |
| Receipt For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 500.00 | |

C.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) Terrence Truax | | Date of Receipt MM / DD / YYYY 02 / 20 / 2009 |
| Mailing Address 5412 N Magnolia Ave | | Transaction ID: C5164176 |
| City Chicago | State IL | |
| 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 Jenner & Block | Occupation Attorney | |
| Receipt For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 250.00 | |

| | |
|--|--------|
| 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 124 / 232
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Sara

A. Full Name (Last, First, Middle Initial)
Glen Tullman

Mailing Address 1226 Colgate St.

City Wilmette State IL Zip Code 60091

FEC ID number of contributing federal political committee. C

Name of Employer Allscripts Occupation CEO

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt MM / DD / YYYY
02 / 25 / 2009

Transaction ID: C22617

Amount of Each Receipt this Period 2400.00

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

B. Full Name (Last, First, Middle Initial)
Thomas M. Tunney

Mailing Address 330 W. Diversey Apt. 1807

City Chicago State IL Zip Code 60657

FEC ID number of contributing federal political committee. C

Name of Employer Ann Sathers Restaurant Occupation Owner

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1878.91

Date of Receipt MM / DD / YYYY
02 / 14 / 2009

Transaction ID: C5160019

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)
Thomas M. Tunney

Mailing Address 330 W. Diversey Apt. 1807

City Chicago State IL Zip Code 60657

FEC ID number of contributing federal political committee. C

Name of Employer Ann Sathers Restaurant Occupation Owner

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1878.91

Date of Receipt MM / DD / YYYY
03 / 03 / 2009

Transaction ID: C25852

Amount of Each Receipt this Period 878.91

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

* In-Kind: Catering

SUBTOTAL of Receipts This Page (optional) 4278.91

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 125 / 232
(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)
Friends of Sara

A.

Full Name (Last, First, Middle Initial)
Julie Tye

Mailing Address 2301 Mohawk Ln

City State Zip Code
Glenview IL 60026-1035

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

Name of Employer Occupation
jtye@cradle.org Management

Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 600.00

Date of Receipt
MM / DD / YYYY
03 / 10 / 2009

Transaction ID: C25080

Amount of Each Receipt this Period
100.00

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

B.

Full Name (Last, First, Middle Initial)
Robert Uhe

Mailing Address 5408 Reserve Blvd

City State Zip Code
Springfield IL 62711

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

Name of Employer Occupation
Taylor Uhe LLC Attorney

Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 750.00

Date of Receipt
MM / DD / YYYY
02 / 17 / 2009

Transaction ID: C5160296

Amount of Each Receipt this Period
250.00

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

C.

Full Name (Last, First, Middle Initial)
Kevin Vaughn

Mailing Address 2535 N. Wayne

City State Zip Code
Chicagp IL 60614

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

Name of Employer Occupation
Mystic Health Business Owner

Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 27 / 2009

Transaction ID: C24129

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 126 / 232
(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 |
| | | | | | | | 15 |

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NAME OF COMMITTEE (In Full)
Friends of Sara

A.

Full Name (Last, First, Middle Initial)
Daniel Vicencio

Mailing Address 5338 Lunt Ave.

City State Zip Code
Skokie IL 60077

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

Name of Employer Occupation
Mercy Family Health Medical Director

Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
02 / 25 / 2009

Transaction ID: C22612

Amount of Each Receipt this Period
1000.00

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

B.

Full Name (Last, First, Middle Initial)
Marcelino Villafania

Mailing Address 228 Balmoral Ct.

City State Zip Code
Glendale Heights IL 60139

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

Name of Employer Occupation
Alden Princeton Rehab and Health Centre Administrator

Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
02 / 17 / 2009

Transaction ID: C5160320

Amount of Each Receipt this Period
250.00

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

C.

Full Name (Last, First, Middle Initial)
Edward J. Walsh

Mailing Address 347 East Prairie Ave

City State Zip Code
Wheaton IL 60187

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

Name of Employer Occupation
Walsh, Knippen Trial Lawyer

Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
02 / 13 / 2009

Transaction ID: C5159927

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) ► **1750.00**

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 127 / 232
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Sara

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

Mailing Address 440 Buckeye Dr.

City Naperville State IL Zip Code 60540

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2009 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

Date of Receipt: 02 / 25 / 2009

Transaction ID: C22640

Amount of Each Receipt this Period: 500.00

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

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

Mailing Address 2125 W Concord PI

City Chicago State IL Zip Code 60647-5406

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

Name of Employer Christy webber landscapes Occupation laborer

Receipt For: 2009 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

Date of Receipt: 02 / 24 / 2009

Transaction ID: C21703

Amount of Each Receipt this Period: 500.00

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

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

Mailing Address 7 Timberhill

City Springfield State IL Zip Code 62704-1542

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

Name of Employer State of Illinois Occupation Managing Exec.

Receipt For: 2009 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

Date of Receipt: 02 / 17 / 2009

Transaction ID: C5163704

Amount of Each Receipt this Period: 250.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **1250.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 128 / 232
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Sara

A. Full Name (Last, First, Middle Initial)
David Weisbaum

Mailing Address 7 Timberhill

City Springfield State IL Zip Code 62704-1542

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

Name of Employer State of Illinois Occupation Managing Exec.

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 450.00

Date of Receipt 02 / 27 / 2009

Transaction ID: C23168

Amount of Each Receipt this Period 200.00

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

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

Mailing Address 3100 N Lake Shore Dr Apt 2103

City Chicago State IL Zip Code 60657-4909

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

Name of Employer Fermalogic, Inc. Occupation Administrator/Scientist

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 02 / 25 / 2009

Transaction ID: C22547

Amount of Each Receipt this Period 500.00

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

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

Mailing Address 18 North Terrace

City Maplewood State NJ Zip Code 07040

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

Name of Employer none Occupation none

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 02 / 25 / 2009

Transaction ID: C22658

Amount of Each Receipt this Period 1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 1700.00

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 129 / 232
(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)
Friends of Sara

A.

Full Name (Last, First, Middle Initial)
Alfred Wieher

Mailing Address 518 S Washington St

City Hinsdale State IL Zip Code 60521-4437

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

Name of Employer Self Occupation Attorney

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 02 / 14 / 2009

Transaction ID: C5160073

Amount of Each Receipt this Period: 500.00

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

B.

Full Name (Last, First, Middle Initial)
Richard Wilson

Mailing Address 1054 N Paulina St # 3

City Chicago State IL Zip Code 60622-3861

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

Name of Employer Richard A Wilson PC Law Offices Occupation Owner/Principal

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 02 / 25 / 2009

Transaction ID: C22579

Amount of Each Receipt this Period: 500.00

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

C.

Full Name (Last, First, Middle Initial)
Darrell Windle

Mailing Address 1918 W Leland Ave

City Chicago State IL Zip Code 60640-4347

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

Name of Employer None Occupation Retired

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 02 / 12 / 2009

Transaction ID: C5159909

Amount of Each Receipt this Period: 250.00

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

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

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

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

| | | |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 130 / 232 |
| | <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)
Friends of Sara

| | | |
|-----------|---|---|
| A. | Full Name (Last, First, Middle Initial) Brenda Wolf | Date of Receipt MM / DD / YYYY 02 / 14 / 2009 |
| | Mailing Address 25 E Superior St. | Transaction ID: C5160058 |
| | City State Zip Code Chicago IL 60611 | Amount of Each Receipt this Period 500.00 |
| | FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| | Name of Employer Occupation La Rabida Children's Hospital Administrator Receipt For: 2009 Election Cycle-to-Date <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00 | |

| | | |
|-----------|--|---|
| B. | Full Name (Last, First, Middle Initial) Dan Wolf | Date of Receipt MM / DD / YYYY 02 / 14 / 2009 |
| | Mailing Address 3314 N Lake Shore Drive | Transaction ID: C5160075 |
| | City State Zip Code Chicago IL 60657 | Amount of Each Receipt this Period 2400.00 |
| | FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| | Name of Employer Occupation the bagel inc. restaurateur Receipt For: 2009 Election Cycle-to-Date <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2400.00 | |

| | | |
|-----------|--|---|
| C. | Full Name (Last, First, Middle Initial) Jack Wuest | Date of Receipt MM / DD / YYYY 02 / 17 / 2009 |
| | Mailing Address 1917 W Estes Ave | Transaction ID: C5160310 |
| | City State Zip Code Chicago IL 60626-2319 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| | Name of Employer Occupation Alternative Schools Network Director Receipt For: 2009 Election Cycle-to-Date <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00 | |

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 3150.00 |
| 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 131 / 232
(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)
Friends of Sara

A.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) Ram Yogev | | Date of Receipt MM / DD / YYYY 02 / 20 / 2009 |
| Mailing Address 719 Michigan Ave | | Transaction ID: C5164144 |
| City Evanston | State IL | Zip Code 60202-2511 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer Pediatric Faculty Foundation | Occupation Pediatrician | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 500.00 | |

B.

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) Matthew Colby Young | | Date of Receipt MM / DD / YYYY 02 / 25 / 2009 |
| Mailing Address 823 W. Wolfram St. Unit 2E | | Transaction ID: C22718 |
| City Chicago | State IL | Zip Code 60657 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer Information Requested | Occupation Information Requested | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 500.00 | |

C.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) Steve Zelner | | Date of Receipt MM / DD / YYYY 02 / 12 / 2009 |
| Mailing Address 2759 N Hermitage Ave | | Transaction ID: C5159910 |
| City Chicago | State IL | Zip Code 60614-4804 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer Lincoln Park Conservancy | Occupation Executive Director | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 500.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) | 1500.00 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER: PAGE 132 / 232
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Sara

A. Full Name (Last, First, Middle Initial)
Anthony Zipple
Mailing Address 1574 Dewey Ave
City Evanston State IL Zip Code 60201
FEC ID number of contributing federal political committee. **C**
Name of Employer Thresholds Occupation CEO
Receipt For: 2009 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 400.00
Date of Receipt 02 / 23 / 2009
Transaction ID: C21860
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)
Lois Zoller
Mailing Address 1300 N Lake Shore Dr Apt 35D
City Chicago State IL Zip Code 60610-5165
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-employed Occupation Investor
Receipt For: 2009 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 2400.00
Date of Receipt 02 / 14 / 2009
Transaction ID: C5160052
Amount of Each Receipt this Period 1400.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
megan hull
Mailing Address 2226 Hall Pl. NW
City Washington State DC Zip Code 20007
FEC ID number of contributing federal political committee. **C**
Name of Employer self Occupation consultant
Receipt For: 2009 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 2400.00
Date of Receipt 02 / 17 / 2009
Transaction ID: C21861A
Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
* Earmarked Contribution: See Below

SUBTOTAL of Receipts This Page (optional) ► 2650.00
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 133 / 232
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Friends of Sara

A. Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address P.O. Box 382110
City State Zip Code
Cambridge MA 02238
FEC ID number of contributing federal political committee. **C** C00401224
Name of Employer Occupation
Conduit total listed in Agg. field
Receipt For: 2009
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 2900.00
Date of Receipt: 02 / 22 / 2009
Transaction ID: C21861AB
Amount of Each Receipt this Period: 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

B. Full Name (Last, First, Middle Initial)
megan hull
Mailing Address 2226 Hall Pl. NW
City State Zip Code
Washington DC 20007
FEC ID number of contributing federal political committee. **C**
Name of Employer self Occupation
consultant
Receipt For: 2009
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 2400.00
Date of Receipt: 02 / 20 / 2009
Transaction ID: C21862A
Amount of Each Receipt this Period: 1400.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
* Earmarked Contribution:
See Below

C. Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address P.O. Box 382110
City State Zip Code
Cambridge MA 02238
FEC ID number of contributing federal political committee. **C** C00401224
Name of Employer Occupation
Conduit total listed in Agg. field
Receipt For: 2009
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 2900.00
Date of Receipt: 02 / 22 / 2009
Transaction ID: C21862AB
Amount of Each Receipt this Period: 1400.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional) ► 1400.00
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 134 / 232
(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)
Friends of Sara

A.

Full Name (Last, First, Middle Initial)
Lucy Stroock

Mailing Address 55 Frost St

City State Zip Code
Cambridge MA 02140

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

Name of Employer none Occupation not employed

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 2 5 / 2 0 0 9

Transaction ID: C25656A

Amount of Each Receipt this Period
250.00

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

* Earmarked Contribution:
See Below

B.

Full Name (Last, First, Middle Initial)
ActBlue

Mailing Address P.O. Box 382110

City State Zip Code
Cambridge MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2900.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 3 / 0 1 / 2 0 0 9

Transaction ID: C25656AB

Amount of Each Receipt this Period
250.00

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

[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

C.

Full Name (Last, First, Middle Initial)
William T. Barker

Mailing Address 132 E. Delaware Unit 5806

City State Zip Code
Chicago IL 60611

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

Name of Employer Occupation
Sonnenschein, Nath, & Rosenthal Lawyer

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 1 9 / 2 0 0 9

Transaction ID: C21916

Amount of Each Receipt this Period
500.00

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

* Earmarked Contribution:
See Below

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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 135 / 232
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Sara

A. Full Name (Last, First, Middle Initial)
EMILYS LIST

Mailing Address 1120 Connecticut Ave NW
Ste 1100

City Washington State DC Zip Code 20036-3949

FEC ID number of contributing federal political committee. **C** C00193433

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 15762.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 1 9 / 2 0 0 9

Transaction ID: C21916B

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

B. Full Name (Last, First, Middle Initial)
Gladys G. Cofrin

Mailing Address 2615 NW 22nd Dr.

City Gainesville State FL Zip Code 32605

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

Name of Employer Occupation
Alachua County Crisis Center
Counselor

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 1 9 / 2 0 0 9

Transaction ID: C5164074A

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
* Earmarked Contribution:
See Below

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

Mailing Address 1120 Connecticut Ave NW
Ste 1100

City Washington State DC Zip Code 20036-3949

FEC ID number of contributing federal political committee. **C** C00193433

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 15762.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 1 9 / 2 0 0 9

Transaction ID: C5164074AB

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional) ▶ 1000.00

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 136 / 232
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Sara

A. Full Name (Last, First, Middle Initial)
Jo Ann Deblinger
Mailing Address 219 Wardell Rd.
City Rush State NY Zip Code 14543
FEC ID number of contributing federal political committee. **C**

Date of Receipt: 02 / 26 / 2009
Transaction ID: C22937A
Amount of Each Receipt this Period: 250.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
* Earmarked Contribution: See Below

Receipt For: 2009
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼ 250.00

B. Full Name (Last, First, Middle Initial)
EMILY'S LIST
Mailing Address 1120 Connecticut Ave NW Ste 1100
City Washington State DC Zip Code 20036-3949
FEC ID number of contributing federal political committee. **C** C00193433

Date of Receipt: 02 / 26 / 2009
Transaction ID: C22937AB
Amount of Each Receipt this Period: 250.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

Receipt For: 2009
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼ 15762.00

C. Full Name (Last, First, Middle Initial)
Melinda Griffith
Mailing Address 1977 Gaspar Drive
City Oakland State CA Zip Code 94611
FEC ID number of contributing federal political committee. **C**

Date of Receipt: 02 / 27 / 2009
Transaction ID: C25175A
Amount of Each Receipt this Period: 250.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
* Earmarked Contribution: See Below

Receipt For: 2009
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼ 250.00

SUBTOTAL of Receipts This Page (optional) ▶ **500.00**

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 137 / 232
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Sara

A. Full Name (Last, First, Middle Initial)
EMILYS LIST

Mailing Address 1120 Connecticut Ave NW
Ste 1100

City Washington State DC Zip Code 20036-3949

FEC ID number of contributing federal political committee. **C** C00193433

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 15762.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | / | 2 | 7 | / | 2 | 0 | 0 | 9 |

Transaction ID: C25175AB

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
 Note: Above Contribution earmarked through this organization.

B. Full Name (Last, First, Middle Initial)
Mary Lou Kennedy

Mailing Address 1765 W. Ainslie

City Chicago State IL Zip Code 60640

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

Name of Employer Occupation
First American Title Ins Co Underwriting counsel

Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | / | 1 | 7 | / | 2 | 0 | 0 | 9 |

Transaction ID: C5164031A

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
 * Earmarked Contribution:
See Below

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

Mailing Address 1120 Connecticut Ave NW
Ste 1100

City Washington State DC Zip Code 20036-3949

FEC ID number of contributing federal political committee. **C** C00193433

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 15762.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | / | 1 | 7 | / | 2 | 0 | 0 | 9 |

Transaction ID: C5164031AB

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
 Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional) ▶ **500.00**

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 138 / 232
(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)
Friends of Sara

A.

Full Name (Last, First, Middle Initial)
Amy L Lowrey

Mailing Address 1502 Newning Ave

City Austin State TX Zip Code 78704

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

Name of Employer self Occupation Writer

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 02 / 19 / 2009

Transaction ID: C21918

Amount of Each Receipt this Period 250.00

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

* Earmarked Contribution: See Below

B.

Full Name (Last, First, Middle Initial)
EMILY'S LIST

Mailing Address 1120 Connecticut Ave NW Ste 1100

City Washington State DC Zip Code 20036-3949

FEC ID number of contributing federal political committee. **C** C00193433

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 15762.00

Date of Receipt 02 / 19 / 2009

Transaction ID: C21918B

Amount of Each Receipt this Period 250.00

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

[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

C.

Full Name (Last, First, Middle Initial)
Olga L. Mack

Mailing Address 201 Byram Shore Road

City Greenwich State CT Zip Code 06830

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

Name of Employer NA Occupation NA

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 02 / 12 / 2009

Transaction ID: C5163983A

Amount of Each Receipt this Period 250.00

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

* Earmarked Contribution: See Below

SUBTOTAL of Receipts This Page (optional) ▶ **500.00**

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 139 / 232
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Sara

A. Full Name (Last, First, Middle Initial)
EMILYS LIST

Mailing Address 1120 Connecticut Ave NW
Ste 1100

City Washington State DC Zip Code 20036-3949

FEC ID number of contributing federal political committee. **C** C00193433

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 15762.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | / | 1 | 2 | / | 2 | 0 | 0 | 9 |

Transaction ID: C5163983AB

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
 Note: Above Contribution earmarked through this organization.

B. Full Name (Last, First, Middle Initial)
Nancy Skinner Nordhoff

Mailing Address 835 6th St

City Langley State WA Zip Code 98260

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

Name of Employer self employed Occupation Retired

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | / | 2 | 8 | / | 2 | 0 | 0 | 9 |

Transaction ID: C25268A

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
 * Earmarked Contribution:
See Below

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

Mailing Address 1120 Connecticut Ave NW
Ste 1100

City Washington State DC Zip Code 20036-3949

FEC ID number of contributing federal political committee. **C** C00193433

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 15762.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | / | 2 | 8 | / | 2 | 0 | 0 | 9 |

Transaction ID: C25268AB

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
 Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional) ▶ 500.00

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 140 / 232

(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)
Friends of Sara

A.

Full Name (Last, First, Middle Initial)
Nancy F Solomon

Mailing Address 151 Central Park West

City State Zip Code
New York NY 10023

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

Name of Employer Occupation
n/a housewife

Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 4 / 2 0 0 9

Transaction ID: C5163984A

Amount of Each Receipt this Period

250.00

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

* Earmarked Contribution:
See Below

B.

Full Name (Last, First, Middle Initial)
EMILY'S LIST

Mailing Address 1120 Connecticut Ave NW
Ste 1100

City State Zip Code
Washington DC 20036-3949

FEC ID number of contributing federal political committee. **C** C00193433

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 15762.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 4 / 2 0 0 9

Transaction ID: C5163984AB

Amount of Each Receipt this Period

250.00

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

[MEMO ITEM]

Note: Above Contribution earmarked through this organization.

C.

Full Name (Last, First, Middle Initial)
Judith Thompson

Mailing Address 3427 Black Willow Trail

City State Zip Code
Deland FL 32724

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

Name of Employer Occupation
None Retired

Receipt For: 2009 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 9 / 2 0 0 9

Transaction ID: C5164083A

Amount of Each Receipt this Period

250.00

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

* Earmarked Contribution:
See Below

SUBTOTAL of Receipts This Page (optional) ▶

500.00

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 141 / 232 |
| | (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)
Friends of Sara

A.

| | | |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) EMILYS LIST | | Date of Receipt |
| Mailing Address 1120 Connecticut Ave NW Ste 1100 | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 1 9 / 2 0 0 9 |
| City | State | Zip Code |
| Washington | DC | 20036-3949 |
| FEC ID number of contributing federal political committee. | | Transaction ID: C5164083AB |
| C C00193433 | | Amount of Each Receipt this Period |
| | | 250.00 |
| Name of Employer | Occupation | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM] Note: Above Contribution earmarked through this organization. |
| | Conduit total listed in Agg. field | |
| Receipt For: 2009 | Election Cycle-to-Date ▼ | |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | | |
| <input type="checkbox"/> Other (specify) ▼ | 15762.00 | |

| | |
|--|-----------|
| SUBTOTAL of Receipts This Page (optional) | 0.00 |
| TOTAL This Period (last page this line number only) | 229870.87 |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 142 / 232
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Friends of Sara

A. Full Name (Last, First, Middle Initial)
44th Ward Regular Democratic Organization

Mailing Address 915 W. Belmont Ave.
1st Floor

City State Zip Code
Chicago IL 60657

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

Name of Employer Occupation

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 2 / 2 3 / 2 0 0 9

Transaction ID: C21877

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
American Academy of Family Physicians

Mailing Address 2023 Massachusetts Ave. NW

City State Zip Code
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00411553

Name of Employer Occupation

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 2 2 / 2 0 0 9

Transaction ID: C25588

Amount of Each Receipt this Period
2500.00

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

C. Full Name (Last, First, Middle Initial)
AMERICAN ASSOCIATION FOR JUSTICE POLITICAL ACTION

Mailing Address 777 6th Street, NW
Suite 200

City State Zip Code
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00024521

Name of Employer Occupation

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 2 / 2 7 / 2 0 0 9

Transaction ID: C24134

Amount of Each Receipt this Period
5000.00

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

SUBTOTAL of Receipts This Page (optional) ► **8000.00**

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 143 / 232
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Friends of Sara

A. Full Name (Last, First, Middle Initial)
AMERICAN DENTAL POLITICAL ACTION CMTE.
Mailing Address 1111 14th Street NW
Suite 1100
City Washington State DC Zip Code 20005
FEC ID number of contributing federal political committee. **C** C00000729
Name of Employer Occupation
Receipt For: 2009
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 500.00
Date of Receipt MM / DD / YYYY 02 / 12 / 2009
Transaction ID: C5159511
Amount of Each Receipt this Period 500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
ASIAN AMERICAN ACTION FUND
Mailing Address 1100 17th Street NW
Suite 902
City Washington State DC Zip Code 20036
FEC ID number of contributing federal political committee. **C** C00351031
Name of Employer Occupation
Receipt For: 2009
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt MM / DD / YYYY 02 / 24 / 2009
Transaction ID: C22517
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)
Bristol-Myers Squibb Co. Employee PAC
Mailing Address 345 Park Ave. 11th Floor
City New York State NY Zip Code 10154
FEC ID number of contributing federal political committee. **C** C00035675
Name of Employer Occupation
Receipt For: 2009
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 250.00
Date of Receipt MM / DD / YYYY 03 / 02 / 2009
Transaction ID: C25132
Amount of Each Receipt this Period 250.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 1750.00
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 144 / 232
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Friends of Sara

A. Full Name (Last, First, Middle Initial)
Charles Eastwood Campaign Committee
Mailing Address 659 W Wrightwood Ave
City Chicago State IL Zip Code 60614-2584
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2009
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 100.00
Date of Receipt 02 / 23 / 2009
Transaction ID: C21876
Amount of Each Receipt this Period 100.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Citizens for Elaine Nekritz
Mailing Address 3 The Court of Island Pt.
City Northbrook State IL Zip Code 60062-3210
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2009
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt 02 / 18 / 2009
Transaction ID: C5163733
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)
Citizens for Harry Osterman
Mailing Address 5539 N. Broadway
City Chicago State IL Zip Code 60640
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2009
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 500.00
Date of Receipt 02 / 12 / 2009
Transaction ID: C5160003
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) ► 1600.00
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 145 / 232
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Friends of Sara

A. Full Name (Last, First, Middle Initial)
Citizens for Helen Shiller
Mailing Address 1248 W. Carmen
City Chicago State IL Zip Code 60640
FEC ID number of contributing federal political committee. C
Name of Employer Occupation
Receipt For: 2009
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼ 1000.00
Date of Receipt MM / DD / YYYY 02 / 16 / 2009
Transaction ID: C5160095
Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Citizens for Tunney
Mailing Address 3248 N. Clark St.
City Chicago State IL Zip Code 60657
FEC ID number of contributing federal political committee. C
Name of Employer Occupation
Receipt For: 2009
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼ 1000.00
Date of Receipt MM / DD / YYYY 03 / 03 / 2009
Transaction ID: C25853
Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
* In-Kind: Catering

C. Full Name (Last, First, Middle Initial)
Citizens to Elect Karen Yarbrough
Mailing Address P.O. Box 6148
City Broadview State IL Zip Code 60155
FEC ID number of contributing federal political committee. C
Name of Employer Occupation
Receipt For: 2009
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼ 1000.00
Date of Receipt MM / DD / YYYY 02 / 17 / 2009
Transaction ID: C5160261
Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 3000.00
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 146 / 232
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Friends of Sara

A. Full Name (Last, First, Middle Initial)
Committee to Elect Dan Burke
Mailing Address 2650 W 51st St

City State Zip Code
Chicago IL 60632-1560

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

Name of Employer Occupation

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 2 / 1 8 / 2 0 0 9

Transaction ID: C5163760

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
COMMUNITY BANKERS ASSOCIATION OF ILLINOIS FEDPAC
Mailing Address 901 Community Drive

City State Zip Code
Springfield IL 62703

FEC ID number of contributing federal political committee. **C** C00291914

Name of Employer Occupation

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 2 / 1 2 / 2 0 0 9

Transaction ID: C5159527

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)
DUCOSSOIS INDUSTRIES PAC
Mailing Address 845 Larch Avenue

City State Zip Code
Elmhurst IL 60126

FEC ID number of contributing federal political committee. **C** C00212308

Name of Employer Occupation

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 2 / 2 5 / 2 0 0 9

Transaction ID: C22685

Amount of Each Receipt this Period
1000.00

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

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

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 147 / 232
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Sara

A. Full Name (Last, First, Middle Initial)
Friends for Lisa Dugan

Mailing Address 1489 Armour Rd.

City State Zip Code
Bradley IL 60915

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

Name of Employer Occupation

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 2 7 / 2 0 0 9

Transaction ID: C24132

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Friends of Dany Hynes

Mailing Address 1545 N. Wells

City State Zip Code
Chicago IL 60610

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

Name of Employer Occupation

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 2 4 / 2 0 0 9

Transaction ID: C22512

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)
Friends of Heather Steans

Mailing Address 50 W Washington St
Rm 400

City State Zip Code
Chicago IL 60602-1341

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

Name of Employer Occupation

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 3 / 1 3 / 2 0 0 9

Transaction ID: C25111

Amount of Each Receipt this Period
1000.00

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

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

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 148 / 232
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Sara

A. Full Name (Last, First, Middle Initial)
Friends of Jehan Gordon

Mailing Address PO Box 6591

City Peoria State IL Zip Code 61601

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

Name of Employer Occupation

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt: 03 / 16 / 2009
Transaction ID: C25139
 Amount of Each Receipt this Period: 500.00

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

B. Full Name (Last, First, Middle Initial)
Friends of Karen May

Mailing Address 460 Hazel Avenue

City Highland Park State IL Zip Code 60035

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

Name of Employer Occupation

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 02 / 23 / 2009
Transaction ID: C21623
 Amount of Each Receipt this Period: 750.00

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

C. Full Name (Last, First, Middle Initial)
Friends of Ken Dunkin

Mailing Address 5023 S. Michigan Ave.
Unit 2

City Chicago State IL Zip Code 60615

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

Name of Employer Occupation

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 02 / 17 / 2009
Transaction ID: C5163727
 Amount of Each Receipt this Period: 1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **2250.00**

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 149 / 232
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Sara

A. Full Name (Last, First, Middle Initial)
Friends of Maggie

Mailing Address P.O. Box 203

City State Zip Code
Oak Forest IL 60452-0203

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

Name of Employer Occupation

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
02 / 19 / 2009

Transaction ID: C5164086

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Friends of Susana Mendoza

Mailing Address 2646 S Sawyer Ave

City State Zip Code
Chicago IL 60623-4736

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

Name of Employer Occupation

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
03 / 12 / 2009

Transaction ID: C25126

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)
Obrien For Judge

Mailing Address P.O. Box 263

City State Zip Code
Coal City IL 60416

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

Name of Employer Occupation

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2009

Transaction ID: C22618

Amount of Each Receipt this Period
1000.00

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

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

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 150 / 232
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Sara

A. Full Name (Last, First, Middle Initial)
Progressive Choice PAC
Mailing Address P.O. BOX 58
City EVANSTON State IL Zip Code 60204
FEC ID number of contributing federal political committee. **C** C00381806
Name of Employer Occupation
Receipt For: 2009
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt: 03 / 20 / 2009
Transaction ID: C25482
Amount of Each Receipt this Period: 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
SERVICE EMPLOYEES INTERNATIONAL UNION
Mailing Address 1800 MASSACHUSETTS AVE NW
City WASHINGTON State DC Zip Code 20036
FEC ID number of contributing federal political committee. **C** C30001036
Name of Employer Occupation
Receipt For: 2009
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 5000.00
Date of Receipt: 02 / 12 / 2009
Transaction ID: C5159534
Amount of Each Receipt this Period: 5000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
UAW V CAP
Mailing Address 8000 East Jackson Ave.
City Detroit State MI Zip Code 48214-3963
FEC ID number of contributing federal political committee. **C** C00002840
Name of Employer Occupation
Receipt For: 2009
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 5000.00
Date of Receipt: 03 / 02 / 2009
Transaction ID: C24655
Amount of Each Receipt this Period: 5000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 11000.00
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 151 / 232
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Sara

A.

Full Name (Last, First, Middle Initial)
WOMEN'S CAMPAIGN FORUM

Mailing Address 734 15th Street, NW Suite 500
Suite 500

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00424150

Name of Employer Occupation

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 2 / 1 8 / 2 0 0 9

Transaction ID: C5163729

Amount of Each Receipt this Period
1500.00

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

B.

Full Name (Last, First, Middle Initial)
WOMENCOUNT PAC

Mailing Address 1016 LINCOLN BLVD., SUITE 303

City State Zip Code
SAN FRANCISCO CA 94129

FEC ID number of contributing federal political committee. **C** C00450098

Name of Employer Occupation

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 2 / 2 6 / 2 0 0 9

Transaction ID: C22741

Amount of Each Receipt this Period
1000.00

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

| | | |
|--|---|----------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 2500.00 |
| TOTAL This Period (last page this line number only) | ▶ | 39100.00 |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 152 / 232
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Sara

A.

Full Name (Last, First, Middle Initial)
Sara Feigenholtz

Mailing Address 3213 W. Wilton Ave.
Unit A

City State Zip Code
Chicago IL 60657

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

Name of Employer Occupation

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
100000.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 1 8 / 2 0 0 9

Transaction ID: C25833

Amount of Each Receipt this Period
100000.00

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

| | | |
|--|---|-----------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 100000.00 |
| TOTAL This Period (last page this line number only) | ▶ | 100000.00 |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 153 / 232
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Sara

A.

Full Name (Last, First, Middle Initial)
Mission Control

Mailing Address 114A Mansfield Hollow Rd

City State Zip Code
Mansfield Center CT 06250

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

Name of Employer Occupation

Receipt For: 2009
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
0 3 / 2 3 / 2 0 0 9

Transaction ID: C25849

Amount of Each Receipt this Period
1000.00

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

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1000.00 |
| TOTAL This Period (last page this line number only) | ▶ | 1000.00 |

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Sara

| | |
|--|--|
| <p>A. Full Name (Last, First, Middle Initial) A Personnel Commitment</p> <p>Mailing Address 223 W. Jackson Blvd. Suite 1220</p> <p>City Chicago State IL Zip Code 60606</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: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D1843 Date of Disbursement 03 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 626.25</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) Activate-Next Best Thing</p> <p>Mailing Address 2000 M St. NW Suite 500</p> <p>City Washington State DC Zip Code 20036</p> <p>Purpose of Disbursement Telecommunications</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: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D1868 Date of Disbursement 02 / 27 / 2009</p> <p>Amount of Each Disbursement this Period 700.00</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) Activate-Next Best Thing</p> <p>Mailing Address 2000 M St. NW Suite 500</p> <p>City Washington State DC Zip Code 20036</p> <p>Purpose of Disbursement Telecommunications</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: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D1869 Date of Disbursement 03 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</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) ▶

6326.25

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)
Friends of Sara

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) Activate-Next Best Thing | Transaction ID: D1870 Date of Disbursement 03 / 04 / 2009 |
| | Mailing Address 2000 M St. NW Suite 500 | Amount of Each Disbursement this Period 500.00 |
| | City Washington State DC Zip Code 20036 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Telecommunications Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) Active Temporary Services, Inc. | Transaction ID: D1845 Date of Disbursement 02 / 27 / 2009 |
| | Mailing Address 3145 N Lincoln Ave. | Amount of Each Disbursement this Period 720.00 |
| | City Chicago State IL Zip Code 60657 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Canvassing Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) Active Temporary Services, Inc. | Transaction ID: D1846 Date of Disbursement 03 / 12 / 2009 |
| | Mailing Address 3145 N Lincoln Ave. | Amount of Each Disbursement this Period 750.00 |
| | City Chicago State IL Zip Code 60657 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Canvassing Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | |

| | | |
|--|---|---------|
| SUBTOTAL of Disbursements This Page (optional) | ▶ | 1970.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 156 / 232

| | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| <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)
Friends of Sara

| | | |
|-----------|---|--|
| A. | Full Name (Last, First, Middle Initial) Adducci, Dorf, Lehner, Mitchell & Blankenship, PC <hr/> Mailing Address 150 N. Michigan Avenue #2130 <hr/> City Chicago State IL Zip Code 60601 <hr/> Purpose of Disbursement Legal Services Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D1833 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 7 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 5665.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| B. | Full Name (Last, First, Middle Initial) AKPD Message and Media <hr/> Mailing Address 730 N. Franklin St. Suite 404 <hr/> City Chicago State IL Zip Code 60610 <hr/> Purpose of Disbursement Media Production 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: D329416 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 2 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 91307.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| C. | Full Name (Last, First, Middle Initial) AKPD Message and Media <hr/> Mailing Address 730 N. Franklin St. Suite 404 <hr/> City Chicago State IL Zip Code 60610 <hr/> Purpose of Disbursement Media Production and Consulting Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D1848 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 2294.63 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

| | |
|--|-----------------|
| SUBTOTAL of Disbursements This Page (optional) | 99266.63 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Sara

| | |
|---|---|
| A. Full Name (Last, First, Middle Initial) AKPD Message and Media <hr/> Mailing Address 730 N. Franklin St. Suite 404 <hr/> City Chicago State IL Zip Code 60610 <hr/> Purpose of Disbursement Courier Services Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D1849 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 9 |
| | Amount of Each Disbursement this Period 90.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

| | |
|---|---|
| B. Full Name (Last, First, Middle Initial) AKPD Message and Media <hr/> Mailing Address 730 N. Franklin St. Suite 404 <hr/> City Chicago State IL Zip Code 60610 <hr/> Purpose of Disbursement Media Production Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D1850 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 8 / 2 0 0 9 |
| | Amount of Each Disbursement this Period 156308.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

| | |
|---|---|
| C. Full Name (Last, First, Middle Initial) AKPD Message and Media <hr/> Mailing Address 730 N. Franklin St. Suite 404 <hr/> City Chicago State IL Zip Code 60610 <hr/> Purpose of Disbursement Media Production Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D1851 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 9 |
| | Amount of Each Disbursement this Period 180709.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

| | |
|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 337108.45 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Sara

| | |
|--|---|
| <p>A. Full Name (Last, First, Middle Initial) AKPD Message and Media</p> <p>Mailing Address 730 N. Franklin St. Suite 404</p> <p>City Chicago State IL Zip Code 60610</p> <p>Purpose of Disbursement Media Production and Consulting</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: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D2537 Date of Disbursement 03 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</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) AKPD Message and Media</p> <p>Mailing Address 730 N. Franklin St. Suite 404</p> <p>City Chicago State IL Zip Code 60610</p> <p>Purpose of Disbursement Media Production and Consulting</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: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D2538 Date of Disbursement 03 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 22395.91</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) American Balloon Co. Inc.</p> <p>Mailing Address 485 Main St.</p> <p>City Glen Ellyn State IL Zip Code 60237</p> <p>Purpose of Disbursement Balloons</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: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D1856 Date of Disbursement 03 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 490.00</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) ▶

27885.91

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)
Friends of Sara

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Auburn Quad, Inc. | Transaction ID: D2271 Date of Disbursement 02 / 22 / 2009 |
| | Mailing Address PO Box 390728 | Amount of Each Disbursement this Period 96.78 |
| | City Cambridge State MA Zip Code 02139-0008 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Credit Card Processing Fee Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Auburn Quad, Inc. | Transaction ID: D2272 Date of Disbursement 03 / 01 / 2009 |
| | Mailing Address PO Box 390728 | Amount of Each Disbursement this Period 15.81 |
| | City Cambridge State MA Zip Code 02139-0008 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Credit Card Processing Fee Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Auburn Quad, Inc. | Transaction ID: D2273 Date of Disbursement 03 / 03 / 2009 |
| | Mailing Address PO Box 390728 | Amount of Each Disbursement this Period 1.98 |
| | City Cambridge State MA Zip Code 02139-0008 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Credit Card Processing Fee Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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| SUBTOTAL of Disbursements This Page (optional) | 114.57 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Sara

| | |
|--|---|
| <p>A.</p> <p>Full Name (Last, First, Middle Initial) Greg Bales</p> <p>Mailing Address 8150 Schreiber Dr.</p> <p>City Munster State IN Zip Code 46321</p> <p>Purpose of Disbursement Payroll</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: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D2237</p> <p>Date of Disbursement 02 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 615.62</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>B.</p> <p>Full Name (Last, First, Middle Initial) Greg Bales</p> <p>Mailing Address 8150 Schreiber Dr.</p> <p>City Munster State IN Zip Code 46321</p> <p>Purpose of Disbursement Payroll</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: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D2238</p> <p>Date of Disbursement 02 / 27 / 2009</p> <p>Amount of Each Disbursement this Period 326.56</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>C.</p> <p>Full Name (Last, First, Middle Initial) Greg Bales</p> <p>Mailing Address 8150 Schreiber Dr.</p> <p>City Munster State IN Zip Code 46321</p> <p>Purpose of Disbursement Payroll</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: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D2239</p> <p>Date of Disbursement 03 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 326.57</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) ▶

1268.75

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)
Friends of Sara

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Vicory E Barb | Transaction ID: D2512 Date of Disbursement 02 / 21 / 2009 |
| | Mailing Address 5315 N Clark St # 309 | Amount of Each Disbursement this Period 364.70 |
| | City Chicago State IL Zip Code 60640-2290 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Catering Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | * In-Kind Received |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Paula Basta | Transaction ID: D2511 Date of Disbursement 02 / 21 / 2009 |
| | Mailing Address 1930 W Estes Ave #403 | Amount of Each Disbursement this Period 364.70 |
| | City Chicago State IL Zip Code 60626-2363 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Catering Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | * In-Kind Received |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) BP | Transaction ID: D2466 Date of Disbursement 03 / 02 / 2009 |
| | Mailing Address 1200 W Belmont Ave | Amount of Each Disbursement this Period 300.00 |
| | City Chicago State IL Zip Code 60657-3207 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Gas Cards Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|--|---|---------|
| SUBTOTAL of Disbursements This Page (optional) | ▶ | 1029.40 |
| 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 162 / 232

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Friends of Sara

| | |
|---|--|
| <p>A. Full Name (Last, First, Middle Initial) Christopher Carr</p> <p>Mailing Address 856 Fletcher St Apt #1</p> <p>City Chicago State IL Zip Code 60657</p> <p>Purpose of Disbursement Payroll</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: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D2227 Date of Disbursement 02 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 1384.62</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) Christopher Carr</p> <p>Mailing Address 856 Fletcher St Apt #1</p> <p>City Chicago State IL Zip Code 60657</p> <p>Purpose of Disbursement Payroll</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: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D2228 Date of Disbursement 02 / 27 / 2009</p> <p>Amount of Each Disbursement this Period 733.82</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) Christopher Carr</p> <p>Mailing Address 856 Fletcher St Apt #1</p> <p>City Chicago State IL Zip Code 60657</p> <p>Purpose of Disbursement Payroll</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: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D2229 Date of Disbursement 03 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 733.81</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) ▶

2852.25

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)
Friends of Sara

| | |
|---|--|
| <p>A. Full Name (Last, First, Middle Initial) Christopher Carr</p> <p>Mailing Address 856 Fletcher St Apt #1</p> <p>City Chicago State IL Zip Code 60657</p> <p>Purpose of Disbursement Payroll</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: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D2230 Date of Disbursement 03 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 1403.62</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) Becky Carroll</p> <p>Mailing Address 208 W. Washington, 2004</p> <p>City Chicago State IL Zip Code 60606</p> <p>Purpose of Disbursement Payroll</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: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D2262 Date of Disbursement 02 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 4747.19</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) Becky Carroll</p> <p>Mailing Address 208 W. Washington, 2004</p> <p>City Chicago State IL Zip Code 60606</p> <p>Purpose of Disbursement Payroll</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: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D2263 Date of Disbursement 02 / 27 / 2009</p> <p>Amount of Each Disbursement this Period 966.02</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) ▶

7116.83

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)
Friends of Sara

| | |
|--|--|
| <p>A. Full Name (Last, First, Middle Initial) Becky Carroll</p> <p>Mailing Address 208 W. Washington, 2004</p> <p>City Chicago State IL Zip Code 60606</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p> | <p>Transaction ID: D2264</p> <p>Date of Disbursement 03 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 966.03</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) Catalist LLC</p> <p>Mailing Address 1101 Vermont Ave. NW</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Voter List</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p> | <p>Transaction ID: D1857</p> <p>Date of Disbursement 03 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 1277.18</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) Central Strategies</p> <p>Mailing Address 150 N Wacker Drive Suite 960</p> <p>City Chicago State IL Zip Code 60606</p> <p>Purpose of Disbursement Voter Records</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p> | <p>Transaction ID: D1847</p> <p>Date of Disbursement 03 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</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) ▶

7243.21

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Friends of Sara

A.

Full Name (Last, First, Middle Initial)
Claudia Chavez

Transaction ID: D2231
Date of Disbursement

Mailing Address 4179 N. Bloomington Ave.

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | | 1 | 3 | | 2 | 0 | 9 | |

City State Zip Code
Arlington Hieghts IL 60004

Amount of Each Disbursement this Period

| |
|--------|
| 987.38 |
|--------|

Purpose of Disbursement
Payroll

| |
|-------------------|
| Category/ Type |
|-------------------|

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

Candidate Name

Office Sought: House Senate President

Disbursement For: 2009
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Claudia Chavez

Transaction ID: D2232
Date of Disbursement

Mailing Address 4179 N. Bloomington Ave.

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | | 2 | 7 | | 2 | 0 | 9 | |

City State Zip Code
Arlington Hieghts IL 60004

Amount of Each Disbursement this Period

| |
|--------|
| 522.93 |
|--------|

Purpose of Disbursement
Payroll

| |
|-------------------|
| Category/ Type |
|-------------------|

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

Candidate Name

Office Sought: House Senate President

Disbursement For: 2009
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Claudia Chavez

Transaction ID: D2233
Date of Disbursement

Mailing Address 4179 N. Bloomington Ave.

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 0 | 5 | | 2 | 0 | 9 | |

City State Zip Code
Arlington Hieghts IL 60004

Amount of Each Disbursement this Period

| |
|--------|
| 522.94 |
|--------|

Purpose of Disbursement
Payroll

| |
|-------------------|
| Category/ Type |
|-------------------|

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

Candidate Name

Office Sought: House Senate President

Disbursement For: 2009
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

| |
|---------|
| 2033.25 |
|---------|

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)
Friends of Sara

| | |
|---|--|
| <p>A. Full Name (Last, First, Middle Initial) Citizens for Tunney</p> <p>Mailing Address 3248 N. Clark St.</p> <p>City Chicago State IL Zip Code 60657</p> <p>Purpose of Disbursement Catering</p> <p>Candidate Name Citizens for Tunney</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p> | <p>Transaction ID: D2507</p> <p>Date of Disbursement 03 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</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> |
| <p>B. Full Name (Last, First, Middle Initial) Comcast Cable</p> <p>Mailing Address 10 S. Canal Street</p> <p>City Chicago State IL Zip Code 60606</p> <p>Purpose of Disbursement Cable Subscription</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p> | <p>Transaction ID: D1832</p> <p>Date of Disbursement 03 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 76.32</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) EMILY'S LIST</p> <p>Mailing Address 1120 Connecticut Ave NW Ste 1100</p> <p>City Washington State DC Zip Code 20036-3949</p> <p>Purpose of Disbursement Contribution Processing Fee</p> <p>Candidate Name EMILY'S LIST</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p> | <p>Transaction ID: D2276</p> <p>Date of Disbursement 02 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 111.65</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) ▶

1187.97

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)
Friends of Sara

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) EMILY'S LIST | Transaction ID: D2277 Date of Disbursement 02 / 24 / 2009 |
| | Mailing Address 1120 Connecticut Ave NW Ste 1100 | Amount of Each Disbursement this Period 60.83 |
| | City Washington State DC Zip Code 20036-3949 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Contribution Processing Fee Candidate Name EMILY'S LIST Category/Type | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) EMILY'S LIST | Transaction ID: D2278 Date of Disbursement 02 / 26 / 2009 |
| | Mailing Address 1120 Connecticut Ave NW Ste 1100 | Amount of Each Disbursement this Period 19.75 |
| | City Washington State DC Zip Code 20036-3949 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Contribution Processing Fee Candidate Name EMILY'S LIST Category/Type | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) EMILY'S LIST | Transaction ID: D2279 Date of Disbursement 03 / 02 / 2009 |
| | Mailing Address 1120 Connecticut Ave NW Ste 1100 | Amount of Each Disbursement this Period 167.22 |
| | City Washington State DC Zip Code 20036-3949 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Contribution Processing Fee Candidate Name EMILY'S LIST Category/Type | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | |

| | |
|--|---------------|
| SUBTOTAL of Disbursements This Page (optional) | 247.80 |
| 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)
Friends of Sara

| | |
|--|--|
| <p>A. Full Name (Last, First, Middle Initial) EMILY'S LIST</p> <p>Mailing Address 1120 Connecticut Ave NW Ste 1100</p> <p>City Washington State DC Zip Code 20036-3949</p> <p>Purpose of Disbursement Contribution Processing Fee</p> <p>Candidate Name EMILY'S LIST</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D2280 Date of Disbursement 03 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 6.12</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) Enterprise Leasing Company</p> <p>Mailing Address 2900 N. Sheffield</p> <p>City Chicago State IL Zip Code 60657</p> <p>Purpose of Disbursement Equipment Rental</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: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D1858 Date of Disbursement 03 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 848.89</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) Express EMPS</p> <p>Mailing Address PO Box 6600</p> <p>City Hagerstown State MD Zip Code 21741-6600</p> <p>Purpose of Disbursement Credit Card Processing 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: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D2385 Date of Disbursement 03 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 1243.06</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) ▶

2098.07

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)
Friends of Sara

| | |
|---|--|
| A. Full Name (Last, First, Middle Initial) Express EMPS Mailing Address PO Box 6600 City Hagerstown State MD Zip Code 21741-6600 Purpose of Disbursement Credit Card Processing Fees Candidate Name | Transaction ID: D2386 Date of Disbursement 03 / 04 / 2009 Amount of Each Disbursement this Period 2237.11 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | |

| | |
|---|---|
| B. Full Name (Last, First, Middle Initial) Express EMPS Mailing Address PO Box 6600 City Hagerstown State MD Zip Code 21741-6600 Purpose of Disbursement Credit Card Processing Fees Candidate Name | Transaction ID: D2387 Date of Disbursement 03 / 04 / 2009 Amount of Each Disbursement this Period 134.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | |

| | |
|---|--|
| C. Full Name (Last, First, Middle Initial) Express Personnel Services Mailing Address 5526 N. Milwaukee Ave. City Chicago State IL Zip Code 60630 Purpose of Disbursement Canvassing Candidate Name | Transaction ID: D1855 Date of Disbursement 03 / 12 / 2009 Amount of Each Disbursement this Period 1417.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) | 3788.61 |
| 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)
Friends of Sara

| | |
|--|--|
| <p>A. Full Name (Last, First, Middle Initial) Facebook Ads</p> <p>Mailing Address 156 University Ave.</p> <p>City Palo Alto State CA Zip Code 94301-1605</p> <p>Purpose of Disbursement Online Advertisement</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: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D1862 Date of Disbursement 02 / 27 / 2009</p> <p>Amount of Each Disbursement this Period 45.11</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) Facebook Ads</p> <p>Mailing Address 156 University Ave.</p> <p>City Palo Alto State CA Zip Code 94301-1605</p> <p>Purpose of Disbursement Online Advertisement</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: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D1863 Date of Disbursement 03 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 75.04</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) Facebook Ads</p> <p>Mailing Address 156 University Ave.</p> <p>City Palo Alto State CA Zip Code 94301-1605</p> <p>Purpose of Disbursement Online Advertisement</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: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D1864 Date of Disbursement 03 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 74.50</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) ▶

194.65

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Sara

| | |
|--|--|
| <p>A. Full Name (Last, First, Middle Initial) Facebook Ads</p> <p>Mailing Address 156 University Ave.</p> <p>City Palo Alto State CA Zip Code 94301-1605</p> <p>Purpose of Disbursement Online Advertisement</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: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D1865 Date of Disbursement 03 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 73.66</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) Facebook Ads</p> <p>Mailing Address 156 University Ave.</p> <p>City Palo Alto State CA Zip Code 94301-1605</p> <p>Purpose of Disbursement Online Advertisement</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: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D1866 Date of Disbursement 03 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 74.33</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) Facebook Ads</p> <p>Mailing Address 156 University Ave.</p> <p>City Palo Alto State CA Zip Code 94301-1605</p> <p>Purpose of Disbursement Online Advertisement</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: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D1867 Date of Disbursement 03 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 75.00</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) ▶

222.99

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 172 / 232

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

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NAME OF COMMITTEE (In Full)
Friends of Sara

A.

Full Name (Last, First, Middle Initial)
FedEx Kinko's

Mailing Address 3524 N Southport Ave

City Chicago State IL Zip Code 60657-1436

Purpose of Disbursement
Printing

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2009
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D2059

Date of Disbursement

02 / 27 / 2009

Amount of Each Disbursement this Period

451.63

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

B.

Full Name (Last, First, Middle Initial)
FedEx Kinko's

Mailing Address 3524 N Southport Ave

City Chicago State IL Zip Code 60657-1436

Purpose of Disbursement
Printing

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2009
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D2536

Date of Disbursement

03 / 03 / 2009

Amount of Each Disbursement this Period

200.00

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

C.

Full Name (Last, First, Middle Initial)
Kevin Franck

Mailing Address 1012 Branchview Ct.

City Harwood State MD Zip Code 20776

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2009
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D2253

Date of Disbursement

02 / 13 / 2009

Amount of Each Disbursement this Period

1384.62

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

SUBTOTAL of Disbursements This Page (optional) ▶

2036.25

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Sara

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) Kevin Franck Mailing Address 1012 Branchview Ct. City Harwood State MD Zip Code 20776 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | Transaction ID: D2254 Date of Disbursement 02 / 27 / 2009 Amount of Each Disbursement this Period 733.81 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| B. | Full Name (Last, First, Middle Initial) Kevin Franck Mailing Address 1012 Branchview Ct. City Harwood State MD Zip Code 20776 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | Transaction ID: D2255 Date of Disbursement 03 / 05 / 2009 Amount of Each Disbursement this Period 733.82 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| C. | Full Name (Last, First, Middle Initial) Sam Gilchrist Mailing Address 2539 W Carmen Ave City Chicago State IL Zip Code 60625 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | Transaction ID: D2265 Date of Disbursement 02 / 13 / 2009 Amount of Each Disbursement this Period 641.12 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

SUBTOTAL of Disbursements This Page (optional) ▶

2108.75

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Sara

| | | |
|-----------|--|--|
| A. | Full Name (Last, First, Middle Initial) Sam Gilchrist Mailing Address 2539 W Carmen Ave City Chicago State IL Zip Code 60625 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D2266 Date of Disbursement 02 / 27 / 2009 Amount of Each Disbursement this Period 340.06 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| B. | Full Name (Last, First, Middle Initial) Sam Gilchrist Mailing Address 2539 W Carmen Ave City Chicago State IL Zip Code 60625 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D2267 Date of Disbursement 03 / 05 / 2009 Amount of Each Disbursement this Period 340.07 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| C. | Full Name (Last, First, Middle Initial) Juan Gonzalez Mailing Address 2020 w 18th st., apt 2f City chicago State IL Zip Code 60608 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D2247 Date of Disbursement 02 / 13 / 2009 Amount of Each Disbursement this Period 802.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

SUBTOTAL of Disbursements This Page (optional) ▶

1482.13

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Sara

| | |
|--|---|
| <p>A.</p> <p>Full Name (Last, First, Middle Initial) Juan Gonzalez</p> <p>Mailing Address 2020 w 18th st., apt 2f</p> <p>City chicago State IL Zip Code 60608</p> <p>Purpose of Disbursement Payroll</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: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D2248 Date of Disbursement 02 / 27 / 2009</p> <p>Amount of Each Disbursement this Period 425.25</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>B.</p> <p>Full Name (Last, First, Middle Initial) Juan Gonzalez</p> <p>Mailing Address 2020 w 18th st., apt 2f</p> <p>City chicago State IL Zip Code 60608</p> <p>Purpose of Disbursement Payroll</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: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D2249 Date of Disbursement 03 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 425.25</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>C.</p> <p>Full Name (Last, First, Middle Initial) Google Ads</p> <p>Mailing Address 1600 Amphitheater Parkway</p> <p>City Mountain View State CA Zip Code 94043</p> <p>Purpose of Disbursement Online Advertisement</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: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D1861 Date of Disbursement 03 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 181.39</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) ►

1031.89

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Sara

A.

Full Name (Last, First, Middle Initial)
Graceland U.S. Post Office

Mailing Address 3024 N Ashland Ave

City Chicago State IL Zip Code 60657-3012

Purpose of Disbursement
Postage

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2009
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D2057

Date of Disbursement

03 / 16 / 2009

Amount of Each Disbursement this Period

45.36

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

B.

Full Name (Last, First, Middle Initial)
Illinois Department of Revenue

Mailing Address PO Box 19447

City Springfield State IL Zip Code 62794

Purpose of Disbursement
Payroll Taxes

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2009
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D1818

Date of Disbursement

02 / 19 / 2009

Amount of Each Disbursement this Period

520.00

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

C.

Full Name (Last, First, Middle Initial)
Illinois Department of Revenue

Mailing Address PO Box 19447

City Springfield State IL Zip Code 62794

Purpose of Disbursement
Payroll Taxes

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2009
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D1819

Date of Disbursement

02 / 19 / 2009

Amount of Each Disbursement this Period

208.75

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

SUBTOTAL of Disbursements This Page (optional)

774.11

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)
Friends of Sara

| | |
|--|---|
| <p>A.</p> <p>Full Name (Last, First, Middle Initial) Illinois Department of Revenue</p> <p>Mailing Address PO Box 19447</p> <p>City Springfield State IL Zip Code 62794</p> <p>Purpose of Disbursement Payroll Taxes</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: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D1820 Date of Disbursement 03 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 276.88</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>B.</p> <p>Full Name (Last, First, Middle Initial) Illinois Department of Revenue</p> <p>Mailing Address PO Box 19447</p> <p>City Springfield State IL Zip Code 62794</p> <p>Purpose of Disbursement Payroll Taxes</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: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D1821 Date of Disbursement 03 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 276.88</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>C.</p> <p>Full Name (Last, First, Middle Initial) Illinois Department of Revenue</p> <p>Mailing Address PO Box 19447</p> <p>City Springfield State IL Zip Code 62794</p> <p>Purpose of Disbursement Payroll Taxes</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: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D1822 Date of Disbursement 03 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 47.50</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) ►

601.26

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Sara

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Integra Communications, LLC | Transaction ID: D1823 Date of Disbursement 03 / 30 / 2009 |
| | Mailing Address 828 Custer Ave | Amount of Each Disbursement this Period 500.00 |
| | City Evanston State IL Zip Code 60202 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Media Consulting Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Intuit, Inc. | Transaction ID: D2376 Date of Disbursement 02 / 12 / 2009 |
| | Mailing Address 2632 Marine Way | Amount of Each Disbursement this Period 8.91 |
| | City Mountain View State CA Zip Code 94042 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Payroll Processing Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Intuit, Inc. | Transaction ID: D2377 Date of Disbursement 02 / 26 / 2009 |
| | Mailing Address 2632 Marine Way | Amount of Each Disbursement this Period 8.91 |
| | City Mountain View State CA Zip Code 94042 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Payroll Processing Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

SUBTOTAL of Disbursements This Page (optional)

517.82

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)
Friends of Sara

| | |
|--|--|
| <p>A.</p> <p>Full Name (Last, First, Middle Initial) Intuit, Inc.</p> <p>Mailing Address 2632 Marine Way</p> <p>City Mountain View State CA Zip Code 94042</p> <p>Purpose of Disbursement Payroll Processing</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: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D2378</p> <p>Date of Disbursement 03 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 8.91</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>B.</p> <p>Full Name (Last, First, Middle Initial) Jewel-Osco</p> <p>Mailing Address 2940 N. Ashland Ave.</p> <p>City Chicago State IL Zip Code 60657</p> <p>Purpose of Disbursement Office Supplies</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: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D2063</p> <p>Date of Disbursement 03 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 56.78</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>C.</p> <p>Full Name (Last, First, Middle Initial) Jewel-Osco</p> <p>Mailing Address 2940 N. Ashland Ave.</p> <p>City Chicago State IL Zip Code 60657</p> <p>Purpose of Disbursement Office Supplies</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: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D2064</p> <p>Date of Disbursement 02 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 52.50</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) ►

118.19

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)
Friends of Sara

| | |
|---|--|
| <p>A.</p> <p>Full Name (Last, First, Middle Initial) Jewel-Osco</p> <p>Mailing Address 2940 N. Ashland Ave.</p> <p>City Chicago State IL Zip Code 60657</p> <p>Purpose of Disbursement Food & Beverage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p> | <p>Transaction ID: D2065</p> <p>Date of Disbursement 03 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 7.11</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>B.</p> <p>Full Name (Last, First, Middle Initial) Jewel-Osco</p> <p>Mailing Address 2940 N. Ashland Ave.</p> <p>City Chicago State IL Zip Code 60657</p> <p>Purpose of Disbursement Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p> | <p>Transaction ID: D2066</p> <p>Date of Disbursement 02 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 84.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>C.</p> <p>Full Name (Last, First, Middle Initial) Jewel-Osco</p> <p>Mailing Address 2940 N. Ashland Ave.</p> <p>City Chicago State IL Zip Code 60657</p> <p>Purpose of Disbursement Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p> | <p>Transaction ID: D2067</p> <p>Date of Disbursement 02 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 84.00</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) ▶

175.11

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)
Friends of Sara

| | | |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial) Kevin Kim Mailing Address 4800 Amaarja Ct City Palatine State IL Zip Code 60067-0403 Purpose of Disbursement Office Rent Candidate Name _____ Category/Type _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: _____ District: _____ | Transaction ID: D1829 Date of Disbursement 03 / 01 / 2009 Amount of Each Disbursement this Period 2250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| B. | Full Name (Last, First, Middle Initial) Kevin Kim Mailing Address 4800 Amaarja Ct City Palatine State IL Zip Code 60067-0403 Purpose of Disbursement Utilities Candidate Name _____ Category/Type _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: _____ District: _____ | Transaction ID: D1830 Date of Disbursement 03 / 11 / 2009 Amount of Each Disbursement this Period 582.66 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| C. | Full Name (Last, First, Middle Initial) Jason Kingsbury Mailing Address 11577 Wheatonville Rd. City Elberfeld State IN Zip Code 47613 Purpose of Disbursement Payroll Candidate Name _____ Category/Type _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: _____ District: _____ | Transaction ID: D2240 Date of Disbursement 02 / 13 / 2009 Amount of Each Disbursement this Period 802.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 3634.66 |
| 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)
Friends of Sara

| | |
|--|---|
| <p>A.</p> <p>Full Name (Last, First, Middle Initial) Jason Kingsbury</p> <p>Mailing Address 11577 Wheatonville Rd.</p> <p>City Elberfeld State IN Zip Code 47613</p> <p>Purpose of Disbursement Payroll</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: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D2241</p> <p>Date of Disbursement 02 / 27 / 2009</p> <p>Amount of Each Disbursement this Period 425.25</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>B.</p> <p>Full Name (Last, First, Middle Initial) Jason Kingsbury</p> <p>Mailing Address 11577 Wheatonville Rd.</p> <p>City Elberfeld State IN Zip Code 47613</p> <p>Purpose of Disbursement Payroll</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: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D2242</p> <p>Date of Disbursement 03 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 425.25</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>C.</p> <p>Full Name (Last, First, Middle Initial) Konica Minolta</p> <p>Mailing Address Dept CH 19188</p> <p>City Palatine State IL Zip Code 60055-9188</p> <p>Purpose of Disbursement Equipment Rental</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: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D1834</p> <p>Date of Disbursement 03 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 829.08</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) ►

1679.58

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)
Friends of Sara

| | |
|---|--|
| <p>A.</p> <p>Full Name (Last, First, Middle Initial) Lakeview Insurance Agency</p> <p>Mailing Address 3438 N. Southport Avenue</p> <p>City Chicago State IL Zip Code 60657</p> <p>Purpose of Disbursement Health Insurance</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p> | <p>Transaction ID: D1859</p> <p>Date of Disbursement 02 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 2642.80</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>B.</p> <p>Full Name (Last, First, Middle Initial) Lakeview Insurance Agency</p> <p>Mailing Address 3438 N. Southport Avenue</p> <p>City Chicago State IL Zip Code 60657</p> <p>Purpose of Disbursement Health Insurance</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p> | <p>Transaction ID: D1860</p> <p>Date of Disbursement 02 / 27 / 2009</p> <p>Amount of Each Disbursement this Period 266.99</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>C.</p> <p>Full Name (Last, First, Middle Initial) Liberty Mutual Insurance Group</p> <p>Mailing Address 75 Remittance Dr. Suite 1837</p> <p>City Chicago State IL Zip Code 60675</p> <p>Purpose of Disbursement Insurance</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p> | <p>Transaction ID: D1826</p> <p>Date of Disbursement 03 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 293.00</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) ▶

3202.79

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)
Friends of Sara

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) Libia Armero | Transaction ID: D1871 |
| | Mailing Address 5715 W Irving Park Rd | Date of Disbursement 03 / 01 / 2009 |
| | City Chicago State IL Zip Code 60634-2608 | Amount of Each Disbursement this Period 1500.00 |
| | Purpose of Disbursement Office Rent | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| | Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) M2 Strategies | Transaction ID: D1842 |
| | Mailing Address 2600 E. Southlake Blvd. Ste. 120 PMB 192 | Date of Disbursement 03 / 04 / 2009 |
| | City Southlake State TX Zip Code 76092 | Amount of Each Disbursement this Period 4899.75 |
| | Purpose of Disbursement Phone Bank | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| | Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) Joseph Mak | Transaction ID: D329463 |
| | Mailing Address 2622 W. Evergreen Avenue | Date of Disbursement 02 / 23 / 2009 |
| | City Chicago State IL Zip Code 60622 | Amount of Each Disbursement this Period 2000.00 |
| | Purpose of Disbursement Communications Campaign Consulting | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| | Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | |

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|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) | 8399.75 |
| 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)
Friends of Sara

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) Joseph Mak Mailing Address 2622 W. Evergreen Avenue City Chicago State IL Zip Code 60622 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D2244 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 9 Amount of Each Disbursement this Period 826.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| B. | Full Name (Last, First, Middle Initial) Joseph Mak Mailing Address 2622 W. Evergreen Avenue City Chicago State IL Zip Code 60622 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D2245 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 9 Amount of Each Disbursement this Period 442.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| C. | Full Name (Last, First, Middle Initial) Joseph Mak Mailing Address 2622 W. Evergreen Avenue City Chicago State IL Zip Code 60622 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D2246 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 5 / 2 0 0 9 Amount of Each Disbursement this Period 442.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

SUBTOTAL of Disbursements This Page (optional) ▶

1712.00

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)
Friends of Sara

A.

Full Name (Last, First, Middle Initial)
Matt McGrath

Transaction ID: D2256
Date of Disbursement

Mailing Address 3660 N. Lake Shore Dr.

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | | 1 | 3 | | 2 | 0 | 0 | 9 |

City Chicago State IL Zip Code 60613

Amount of Each Disbursement this Period

| |
|---------|
| 1384.62 |
|---------|

Purpose of Disbursement
Payroll

| |
|--|
| |
|--|

Candidate Name

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

Office Sought: House Senate President

Disbursement For: 2009
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Matt McGrath

Transaction ID: D2257
Date of Disbursement

Mailing Address 3660 N. Lake Shore Dr.

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | | 2 | 7 | | 2 | 0 | 0 | 9 |

City Chicago State IL Zip Code 60613

Amount of Each Disbursement this Period

| |
|--------|
| 733.81 |
|--------|

Purpose of Disbursement
Payroll

| |
|--|
| |
|--|

Candidate Name

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

Office Sought: House Senate President

Disbursement For: 2009
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Matt McGrath

Transaction ID: D2258
Date of Disbursement

Mailing Address 3660 N. Lake Shore Dr.

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 0 | 5 | | 2 | 0 | 0 | 9 |

City Chicago State IL Zip Code 60613

Amount of Each Disbursement this Period

| |
|--------|
| 733.82 |
|--------|

Purpose of Disbursement
Payroll

| |
|--|
| |
|--|

Candidate Name

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

Office Sought: House Senate President

Disbursement For: 2009
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

| |
|---------|
| 2852.25 |
|---------|

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)

PAGE 187 / 232

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Friends of Sara

| | |
|--|---|
| <p>A. Full Name (Last, First, Middle Initial) Mid-City Printing</p> <p>Mailing Address 5526 West Montrose</p> <p>City Chicago State IL Zip Code 60641</p> <p>Purpose of Disbursement Printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D1839</p> <p>Date of Disbursement 03 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 1524.00</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) Mid-City Printing</p> <p>Mailing Address 5526 West Montrose</p> <p>City Chicago State IL Zip Code 60641</p> <p>Purpose of Disbursement Printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D1840</p> <p>Date of Disbursement 03 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 1062.00</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) Mission Control</p> <p>Mailing Address 114A Mansfield Hollow Rd</p> <p>City Mansfield Center State CT Zip Code 06250</p> <p>Purpose of Disbursement Direct Mail</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D1836</p> <p>Date of Disbursement 02 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 26952.92</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) ▶

29538.92

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)
Friends of Sara

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) Mission Control | Transaction ID: D1837 Date of Disbursement |
| | Mailing Address 114A Mansfield Hollow Rd | <input type="text" value="03"/> / <input type="text" value="17"/> / <input type="text" value="2009"/> |
| | City Mansfield Center State CT Zip Code 06250 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Direct Mail | <input type="text" value="34708.63"/> |
| | Candidate Name | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Category/Type |
| | Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) Mission Control | Transaction ID: D1838 Date of Disbursement |
| | Mailing Address 114A Mansfield Hollow Rd | <input type="text" value="03"/> / <input type="text" value="20"/> / <input type="text" value="2009"/> |
| | City Mansfield Center State CT Zip Code 06250 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Direct Mail | <input type="text" value="3818.00"/> |
| | Candidate Name | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Category/Type |
| | Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) Mission Control | Transaction ID: D2379 Date of Disbursement |
| | Mailing Address 114A Mansfield Hollow Rd | <input type="text" value="02"/> / <input type="text" value="20"/> / <input type="text" value="2009"/> |
| | City Mansfield Center State CT Zip Code 06250 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Direct Mail | <input type="text" value="27002.92"/> |
| | Candidate Name | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Category/Type |
| | Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | |

| | |
|--|---------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="65529.55"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Sara

| | | |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial) Mobilize, Inc. Mailing Address 5140 S. Hyde Park Blvd City Chicago State IL Zip Code 60615 Purpose of Disbursement Canvassing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | Transaction ID: D1844 Date of Disbursement 02 / 27 / 2009 Amount of Each Disbursement this Period 2700.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| B. | Full Name (Last, First, Middle Initial) My Campaign Store Mailing Address 902 E. Court Ave City Jeffersonville State IN Zip Code 47131 Purpose of Disbursement Signs Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | Transaction ID: D1853 Date of Disbursement 02 / 17 / 2009 Amount of Each Disbursement this Period 1530.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| C. | Full Name (Last, First, Middle Initial) Robyn Nardone Mailing Address 1125E West Newport City Chicago State IL Zip Code 60657 Purpose of Disbursement Media Consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | Transaction ID: D1872 Date of Disbursement 03 / 12 / 2009 Amount of Each Disbursement this Period 6000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

SUBTOTAL of Disbursements This Page (optional) ▶

10230.00

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)
Friends of Sara

| | |
|--|---|
| <p>A.</p> <p>Full Name (Last, First, Middle Initial) Gina Natale</p> <p>Mailing Address 4709 N. Virginia Ave #2B</p> <p>City Chicago State IL Zip Code 60625</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D2234</p> <p>Date of Disbursement 02 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 802.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>B.</p> <p>Full Name (Last, First, Middle Initial) Gina Natale</p> <p>Mailing Address 4709 N. Virginia Ave #2B</p> <p>City Chicago State IL Zip Code 60625</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D2235</p> <p>Date of Disbursement 02 / 27 / 2009</p> <p>Amount of Each Disbursement this Period 425.25</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>C.</p> <p>Full Name (Last, First, Middle Initial) Gina Natale</p> <p>Mailing Address 4709 N. Virginia Ave #2B</p> <p>City Chicago State IL Zip Code 60625</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D2236</p> <p>Date of Disbursement 03 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 425.25</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) ▶

1652.50

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)
Friends of Sara

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) NGP Software, Inc | Transaction ID: D1841 Date of Disbursement 03 / 12 / 2009 |
| | Mailing Address 1225 I St NW Ste 1225 | Amount of Each Disbursement this Period 3450.00 |
| | City Washington State DC Zip Code 20005-5918 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Database and Website Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) North Community Bank | Transaction ID: D329417 Date of Disbursement 02 / 12 / 2009 |
| | Mailing Address 1401 West Belmont Avenue | Amount of Each Disbursement this Period 21.00 |
| | City Chicago State IL Zip Code 60657 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Bank Fee Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) North Community Bank | Transaction ID: D2380 Date of Disbursement 02 / 20 / 2009 |
| | Mailing Address 1401 West Belmont Avenue | Amount of Each Disbursement this Period 21.00 |
| | City Chicago State IL Zip Code 60657 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Bank Fee Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | |

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| SUBTOTAL of Disbursements This Page (optional) | 3492.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 192 / 232

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Friends of Sara

| | |
|---|--|
| <p>A.</p> <p>Full Name (Last, First, Middle Initial) North Community Bank</p> <p>Mailing Address 1401 West Belmont Avenue</p> <p>City Chicago State IL Zip Code 60657</p> <p>Purpose of Disbursement Bank 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: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D2381</p> <p>Date of Disbursement 02 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 21.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>B.</p> <p>Full Name (Last, First, Middle Initial) North Community Bank</p> <p>Mailing Address 1401 West Belmont Avenue</p> <p>City Chicago State IL Zip Code 60657</p> <p>Purpose of Disbursement Bank 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: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D2382</p> <p>Date of Disbursement 02 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 4.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>C.</p> <p>Full Name (Last, First, Middle Initial) North Community Bank</p> <p>Mailing Address 1401 West Belmont Avenue</p> <p>City Chicago State IL Zip Code 60657</p> <p>Purpose of Disbursement Bank 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: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D2383</p> <p>Date of Disbursement 02 / 27 / 2009</p> <p>Amount of Each Disbursement this Period 82.78</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) ▶

108.28

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)
Friends of Sara

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) North Community Bank | Transaction ID: D2384 Date of Disbursement 03 / 02 / 2009 |
| | Mailing Address 1401 West Belmont Avenue | Amount of Each Disbursement this Period 21.00 |
| | City Chicago State IL Zip Code 60657 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Bank Fee Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Office Depot | Transaction ID: D2069 Date of Disbursement 02 / 25 / 2009 |
| | Mailing Address 2928 N Ashland Ave | Amount of Each Disbursement this Period 52.88 |
| | City Chicago State IL Zip Code 60657-4004 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Office Supplies Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Office Depot | Transaction ID: D2071 Date of Disbursement 02 / 28 / 2009 |
| | Mailing Address 2928 N Ashland Ave | Amount of Each Disbursement this Period 87.01 |
| | City Chicago State IL Zip Code 60657-4004 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Office Supplies Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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| SUBTOTAL of Disbursements This Page (optional) | 160.89 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Sara

| | | |
|-----------|---|--|
| A. | Full Name (Last, First, Middle Initial) Office Depot Mailing Address 2928 N Ashland Ave City Chicago State IL Zip Code 60657-4004 Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D2074 Date of Disbursement 02 / 28 / 2009 Amount of Each Disbursement this Period 26.45 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| B. | Full Name (Last, First, Middle Initial) Office Depot Mailing Address 2928 N Ashland Ave City Chicago State IL Zip Code 60657-4004 Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D2076 Date of Disbursement 03 / 03 / 2009 Amount of Each Disbursement this Period 26.45 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| C. | Full Name (Last, First, Middle Initial) Office Depot Mailing Address 2928 N Ashland Ave City Chicago State IL Zip Code 60657-4004 Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D2078 Date of Disbursement 03 / 02 / 2009 Amount of Each Disbursement this Period 396.78 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

SUBTOTAL of Disbursements This Page (optional) ▶

449.68

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Sara

| | |
|---|---|
| A. Full Name (Last, First, Middle Initial) Office Depot Mailing Address 2928 N Ashland Ave City Chicago State IL Zip Code 60657-4004 Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D2080 Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2009 |
| | Amount of Each Disbursement this Period 224.88 |
| | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Category/Type |
| B. Full Name (Last, First, Middle Initial) Office Depot Mailing Address 2928 N Ashland Ave City Chicago State IL Zip Code 60657-4004 Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D2082 Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2009 |
| | Amount of Each Disbursement this Period 273.31 |
| | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Category/Type |
| C. Full Name (Last, First, Middle Initial) Office Depot Mailing Address 2928 N Ashland Ave City Chicago State IL Zip Code 60657-4004 Purpose of Disbursement Telecommunications Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D2085 Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2009 |
| | Amount of Each Disbursement this Period 170.84 |
| | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Category/Type |

SUBTOTAL of Disbursements This Page (optional) ▶

669.03

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)
Friends of Sara

| | |
|--|---|
| A. Full Name (Last, First, Middle Initial) Office Depot Mailing Address 2928 N Ashland Ave City Chicago State IL Zip Code 60657-4004 Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D2087 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 9 |
| | Amount of Each Disbursement this Period 66.14 |
| | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Category/Type |
| B. Full Name (Last, First, Middle Initial) Office Depot Mailing Address 2928 N Ashland Ave City Chicago State IL Zip Code 60657-4004 Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D2089 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 9 |
| | Amount of Each Disbursement this Period 51.81 |
| | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Category/Type |
| C. Full Name (Last, First, Middle Initial) Office Depot Mailing Address 2928 N Ashland Ave City Chicago State IL Zip Code 60657-4004 Purpose of Disbursement Postage and Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D2091 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 9 |
| | Amount of Each Disbursement this Period 112.65 |
| | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Category/Type |

| | |
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| SUBTOTAL of Disbursements This Page (optional) ▶ | 230.60 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Sara

| | |
|---|---|
| <p>A. Full Name (Last, First, Middle Initial) Mr. Allison Passman</p> <p>Mailing Address 1424 W School</p> <p>City Chicago State IL Zip Code 60657</p> <p>Purpose of Disbursement Catering</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p> | <p>Transaction ID: D2535</p> <p>Date of Disbursement 02 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 855.16</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. Full Name (Last, First, Middle Initial) Mark Peysakhovich</p> <p>Mailing Address 917 Wisconsin Ave</p> <p>City Oak Park State IL Zip Code 60304-1816</p> <p>Purpose of Disbursement Catering</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p> | <p>Transaction ID: D2533</p> <p>Date of Disbursement 02 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 800.00</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> |
| <p>C. Full Name (Last, First, Middle Initial) Progressive Printing Corp</p> <p>Mailing Address 3324 South Halsted Street</p> <p>City Chicago State IL Zip Code 60608-6799</p> <p>Purpose of Disbursement Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p> | <p>Transaction ID: D1824</p> <p>Date of Disbursement 02 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 338.10</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) ▶

1993.26

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Sara

| | | |
|-----------|---|---|
| A. | Full Name (Last, First, Middle Initial) Progressive Printing Corp <hr/> Mailing Address 3324 South Halsted Street <hr/> City Chicago State IL Zip Code 60608-6799 <hr/> Purpose of Disbursement Printing Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D1825 Date of Disbursement 03 / 12 / 2009 <hr/> Amount of Each Disbursement this Period 1215.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| B. | Full Name (Last, First, Middle Initial) Radioshack <hr/> Mailing Address 9515 N. Milwaukee <hr/> City Niles State IL Zip Code 60714-0000 <hr/> Purpose of Disbursement Telecommunications Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D2061 Date of Disbursement 03 / 02 / 2009 <hr/> Amount of Each Disbursement this Period 412.45 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| C. | Full Name (Last, First, Middle Initial) Radioshack <hr/> Mailing Address 716 Church Street <hr/> City Evanston State IL Zip Code 60201 <hr/> Purpose of Disbursement Telecommunications Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D2062 Date of Disbursement 03 / 02 / 2009 <hr/> Amount of Each Disbursement this Period 351.96 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

| | |
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| SUBTOTAL of Disbursements This Page (optional) | 1979.41 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Sara

| | |
|---|--|
| <p>A.</p> <p>Full Name (Last, First, Middle Initial) Michael Rendina</p> <p>Mailing Address 2506 Windy Oak Ct.</p> <p>City Crofton State MD Zip Code 21114</p> <p>Purpose of Disbursement Payroll</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: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D2259</p> <p>Date of Disbursement 02 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 3209.37</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>B.</p> <p>Full Name (Last, First, Middle Initial) Michael Rendina</p> <p>Mailing Address 2506 Windy Oak Ct.</p> <p>City Crofton State MD Zip Code 21114</p> <p>Purpose of Disbursement Payroll</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: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D2260</p> <p>Date of Disbursement 02 / 27 / 2009</p> <p>Amount of Each Disbursement this Period 1708.69</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>C.</p> <p>Full Name (Last, First, Middle Initial) Michael Rendina</p> <p>Mailing Address 2506 Windy Oak Ct.</p> <p>City Crofton State MD Zip Code 21114</p> <p>Purpose of Disbursement Payroll</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: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D2261</p> <p>Date of Disbursement 03 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 1708.69</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) ►

6626.75

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Sara

A.

Full Name (Last, First, Middle Initial)
Howard Rosenberg

Mailing Address 3152 N. Husdon, #2

City Chicago State IL Zip Code 60657

Purpose of Disbursement
Catering

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2009
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D2534
Date of Disbursement

02 / 17 / 2009

Amount of Each Disbursement this Period

400.00

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

* In-Kind Received

B.

Full Name (Last, First, Middle Initial)
Mel Ryley

Mailing Address 5425 N. Glenwood

City Chicago State IL Zip Code 60660

Purpose of Disbursement
Catering

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2009
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D2509
Date of Disbursement

02 / 21 / 2009

Amount of Each Disbursement this Period

364.70

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

* In-Kind Received

C.

Full Name (Last, First, Middle Initial)
SEIU Illinois Council PAC Fund

Mailing Address 111 E. Wacker Drive

City Chicago State IL Zip Code 60601

Purpose of Disbursement
Phone Center

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2009
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D1854
Date of Disbursement

03 / 03 / 2009

Amount of Each Disbursement this Period

3088.00

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

SUBTOTAL of Disbursements This Page (optional)

3852.70

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Sara

| | |
|--|--|
| <p>A. Full Name (Last, First, Middle Initial) Joe Shanahan</p> <p>Mailing Address 3730 N. Clark St.</p> <p>City Chicago State IL Zip Code 60657</p> <p>Purpose of Disbursement Hall Rental for Election Night and Catering</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: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D2508 Date of Disbursement 03 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 2165.00</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> |
| <p>B. Full Name (Last, First, Middle Initial) Sheffield's Beer Garden & BBQ Restaurant</p> <p>Mailing Address 3258 N. Sheffield Avenue</p> <p>City Chicago State IL Zip Code 60657</p> <p>Purpose of Disbursement Catering</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: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D1875 Date of Disbursement 02 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 590.00</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) SIDETRACK</p> <p>Mailing Address 3349 N. Halsted St.</p> <p>City Chicago State IL Zip Code 60657</p> <p>Purpose of Disbursement Catering</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: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D1873 Date of Disbursement 02 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 733.00</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) ▶

3488.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 202 / 232

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

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NAME OF COMMITTEE (In Full)
Friends of Sara

| | |
|---|---|
| <p>A.</p> <p>Full Name (Last, First, Middle Initial) Linda M. Smith</p> <p>Mailing Address POBox 30136</p> <p>City Chicago State IL Zip Code 60630</p> <p>Purpose of Disbursement Entertainment</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p> | <p>Transaction ID: D2513</p> <p>Date of Disbursement 02 / 21 / 2009</p> <p>Amount of Each Disbursement this Period 800.00</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> |
| <p>B.</p> <p>Full Name (Last, First, Middle Initial) Stacey Smith</p> <p>Mailing Address 1451 N. Cambell Ave. #1R</p> <p>City Chicago State IL Zip Code 60614</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p> | <p>Transaction ID: D2268</p> <p>Date of Disbursement 02 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 641.12</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>C.</p> <p>Full Name (Last, First, Middle Initial) Stacey Smith</p> <p>Mailing Address 1451 N. Cambell Ave. #1R</p> <p>City Chicago State IL Zip Code 60614</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p> | <p>Transaction ID: D2269</p> <p>Date of Disbursement 02 / 27 / 2009</p> <p>Amount of Each Disbursement this Period 641.13</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) ▶

2082.25

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Sara

| | |
|---|---|
| <p>A. Full Name (Last, First, Middle Initial) Stacey Smith</p> <p>Mailing Address 1451 N. Cambell Ave. #1R</p> <p>City Chicago State IL Zip Code 60614</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D2270</p> <p>Date of Disbursement 03 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 641.12</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) Dana Sullivan</p> <p>Mailing Address 5425 N Glenwood</p> <p>City Chicago State IL Zip Code 60660</p> <p>Purpose of Disbursement Catering</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D2510</p> <p>Date of Disbursement 02 / 21 / 2009</p> <p>Amount of Each Disbursement this Period 364.70</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. Full Name (Last, First, Middle Initial) The Metro Smart Bar</p> <p>Mailing Address 3730 N. Clark St.</p> <p>City Chicago State IL Zip Code 60613</p> <p>Purpose of Disbursement Tips for Staff</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D2465</p> <p>Date of Disbursement 03 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</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) ►

1505.82

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Sara

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) Katelynd Thompson | Transaction ID: D2250 Date of Disbursement 02 / 13 / 2009 |
| | Mailing Address 6697 Revere Ct. | Amount of Each Disbursement this Period 802.00 |
| | City Gurnee State IL Zip Code 60031 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Payroll Candidate Name Category/Type | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) Katelynd Thompson | Transaction ID: D2251 Date of Disbursement 02 / 27 / 2009 |
| | Mailing Address 6697 Revere Ct. | Amount of Each Disbursement this Period 425.25 |
| | City Gurnee State IL Zip Code 60031 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Payroll Candidate Name Category/Type | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) Katelynd Thompson | Transaction ID: D2252 Date of Disbursement 03 / 05 / 2009 |
| | Mailing Address 6697 Revere Ct. | Amount of Each Disbursement this Period 425.25 |
| | City Gurnee State IL Zip Code 60031 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Payroll Candidate Name Category/Type | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| SUBTOTAL of Disbursements This Page (optional) | 1652.50 |
| 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)
Friends of Sara

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) Hon. Thomas M. Tunney | Transaction ID: D2506 Date of Disbursement 03 / 03 / 2009 |
| | Mailing Address 330 W. Diversey Apt. 1807 | Amount of Each Disbursement this Period 878.91 |
| | City Chicago State IL Zip Code 60657 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Catering | * In-Kind Received |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| | Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) U.S. Treasury | Transaction ID: D1813 Date of Disbursement 02 / 19 / 2009 |
| | Mailing Address IRS Service Center | Amount of Each Disbursement this Period 4824.06 |
| | City Cincinnati State OH Zip Code 45999 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Payroll Taxes | |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| | Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) U.S. Treasury | Transaction ID: D1814 Date of Disbursement 02 / 19 / 2009 |
| | Mailing Address IRS Service Center | Amount of Each Disbursement this Period 2714.12 |
| | City Cincinnati State OH Zip Code 45999 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Payroll Taxes | |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| | Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | |

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| SUBTOTAL of Disbursements This Page (optional) | 8417.09 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Sara

| | | | | | |
|--|--|--|-------------------|---|---|
| A. | Full Name (Last, First, Middle Initial) U.S. Treasury | | | Transaction ID: D1815 Date of Disbursement 03 / 05 / 2009 | |
| | Mailing Address IRS Service Center | | | Amount of Each Disbursement this Period 2338.58 | |
| | City Cincinnati | State OH | Zip Code 45999 | | |
| | Purpose of Disbursement Payroll Taxes | | Candidate Name | | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | Category/ Type | | | |
| B. | Full Name (Last, First, Middle Initial) U.S. Treasury | | | Transaction ID: D1816 Date of Disbursement 03 / 05 / 2009 | |
| | Mailing Address IRS Service Center | | | Amount of Each Disbursement this Period 2338.50 | |
| | City Cincinnati | State OH | Zip Code 45999 | | |
| | Purpose of Disbursement Payroll Taxes | | Candidate Name | | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | Category/ Type | | | |
| C. | Full Name (Last, First, Middle Initial) U.S. Treasury | | | Transaction ID: D1817 Date of Disbursement 03 / 17 / 2009 | |
| | Mailing Address IRS Service Center | | | Amount of Each Disbursement this Period 432.76 | |
| | City Cincinnati | State OH | Zip Code 45999 | | |
| | Purpose of Disbursement Payroll Taxes | | Candidate Name | | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | Category/ Type | | | |

SUBTOTAL of Disbursements This Page (optional) ▶

5109.84

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)

PAGE 208 / 232

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Friends of Sara

| | |
|---|---|
| <p>A. Full Name (Last, First, Middle Initial) Windy City Media Group</p> <p>Mailing Address 5315 N. Clark St. #192</p> <p>City Chicago State IL Zip Code 60640</p> <p>Purpose of Disbursement Print Advertisement</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: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D1852 Date of Disbursement 02 / 18 / 2009</p> <p>Amount of Each Disbursement this Period 774.00</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) Adam Yost</p> <p>Mailing Address 1417 Rolling Grove Ct.</p> <p>City Naperville State IL Zip Code 60540</p> <p>Purpose of Disbursement Payroll</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: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D2224 Date of Disbursement 02 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 826.50</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) Adam Yost</p> <p>Mailing Address 1417 Rolling Grove Ct.</p> <p>City Naperville State IL Zip Code 60540</p> <p>Purpose of Disbursement Payroll</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: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D2225 Date of Disbursement 02 / 27 / 2009</p> <p>Amount of Each Disbursement this Period 442.75</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) ▶

2043.25

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 209 / 232

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Friends of Sara

| | |
|--|---|
| <p>A. Full Name (Last, First, Middle Initial) Adam Yost</p> <p>Mailing Address 1417 Rolling Grove Ct.</p> <p>City Naperville State IL Zip Code 60540</p> <p>Purpose of Disbursement Payroll</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: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D2226 Date of Disbursement 03 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 442.75</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) Robyn Nardone</p> <p>Mailing Address 1125E West Newport</p> <p>City Chicago State IL Zip Code 60657</p> <p>Purpose of Disbursement Office Supplies and Parking</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: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D329081 Date of Disbursement 02 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 207.27</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) Gina Natale</p> <p>Mailing Address 4709 N. Virginia Ave #2B</p> <p>City Chicago State IL Zip Code 60625</p> <p>Purpose of Disbursement Office Supplies</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: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D329459 Date of Disbursement 02 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 27.54</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) ▶

677.56

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Sara

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) Office Depot | Transaction ID: D329460 Date of Disbursement 02 / 12 / 2009 |
| | Mailing Address 2928 N Ashland Ave | Amount of Each Disbursement this Period 27.54 |
| | City Chicago State IL Zip Code 60657-4004 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| | Purpose of Disbursement Office Supplies Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | |
| | Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) Chase Card Services | Transaction ID: D329456 Date of Disbursement 02 / 12 / 2009 |
| | Mailing Address PO Box 15298 | Amount of Each Disbursement this Period 1500.00 |
| | City Wilmington State DE Zip Code 19886-5298 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| | Purpose of Disbursement Telecommunications Deposit Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | |
| | Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) AT&T | Transaction ID: D1874 Date of Disbursement 02 / 12 / 2009 |
| | Mailing Address PO Box 8100 | Amount of Each Disbursement this Period 1500.00 |
| | City Aurora State IL Zip Code 60507-8100 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| | Purpose of Disbursement Telecommunications Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | |
| | Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| SUBTOTAL of Disbursements This Page (optional) | 1500.00 |
| 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)
Friends of Sara

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Christopher Carr | Transaction ID: D2179 Date of Disbursement 03 / 17 / 2009 |
| | Mailing Address 856 Fletcher St Apt #1 | Amount of Each Disbursement this Period 268.07 |
| | City Chicago State IL Zip Code 60657 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Postage & Event Supplies | |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) FedEx Kinko's | Transaction ID: D2181 Date of Disbursement 03 / 17 / 2009 |
| | Mailing Address 3524 N Southport Ave | Amount of Each Disbursement this Period 26.75 |
| | City Chicago State IL Zip Code 60657-1436 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| | Purpose of Disbursement Printing | |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Graceland U.S. Post Office | Transaction ID: D2188 Date of Disbursement 03 / 17 / 2009 |
| | Mailing Address 3024 N Ashland Ave | Amount of Each Disbursement this Period 45.36 |
| | City Chicago State IL Zip Code 60657-3012 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| | Purpose of Disbursement Postage | |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

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| SUBTOTAL of Disbursements This Page (optional) | ▶ | 268.07 |
| 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)
Friends of Sara

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Jewel-Osco | Transaction ID: D2187 Date of Disbursement 03 / 17 / 2009 |
| | Mailing Address 2940 N. Ashland Ave. | Amount of Each Disbursement this Period 91.98 |
| | City Chicago State IL Zip Code 60657 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Catering | [MEMO ITEM] |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Office Depot | Transaction ID: D2180 Date of Disbursement 03 / 17 / 2009 |
| | Mailing Address 2928 N Ashland Ave | Amount of Each Disbursement this Period 9.90 |
| | City Chicago State IL Zip Code 60657-4004 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Event Supplies | [MEMO ITEM] |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Joseph Mak | Transaction ID: D2189 Date of Disbursement 03 / 17 / 2009 |
| | Mailing Address 2622 W. Evergreen Avenue | Amount of Each Disbursement this Period 25.26 |
| | City Chicago State IL Zip Code 60622 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Office Supplies | |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

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| SUBTOTAL of Disbursements This Page (optional) | ▶ | 25.26 |
| 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)
Friends of Sara

| | | |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial) Sara Feigenholtz | Transaction ID: D2192 Date of Disbursement 03 / 17 / 2009 |
| | Mailing Address 3213 W. Wilton Ave. Unit A | Amount of Each Disbursement this Period 1114.81 |
| | City Chicago State IL Zip Code 60657 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Telecommunications and Travel | Category/Type |
| | Candidate Name Sara Feigenholtz | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 05 | Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Hotel Helix | Transaction ID: D2194 Date of Disbursement 03 / 17 / 2009 |
| | Mailing Address 1430 Rhode Island Avenue NW | Amount of Each Disbursement this Period 60.00 |
| | 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 Food and Beverage | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Sprint Wireless Services | Transaction ID: D2195 Date of Disbursement 03 / 17 / 2009 |
| | Mailing Address PO Box 660075 | Amount of Each Disbursement this Period 656.61 |
| | City Dallas State TX Zip Code 75266 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Telecommunications | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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| SUBTOTAL of Disbursements This Page (optional) | ▶ | 1114.81 |
| 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)
Friends of Sara

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) United Airlines | Transaction ID: D2193 Date of Disbursement 03 / 17 / 2009 |
| | Mailing Address P.O. 66100 | Amount of Each Disbursement this Period 398.20 |
| | City Chicago State IL Zip Code 60666 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Travel Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | [MEMO ITEM] |
| | Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) Michael Rendina | Transaction ID: D2196 Date of Disbursement 03 / 17 / 2009 |
| | Mailing Address 2506 Windy Oak Ct. | Amount of Each Disbursement this Period 337.52 |
| | City Crofton State MD Zip Code 21114 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Office Supplies Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | [MEMO ITEM] |
| | Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) FedEx Kinko's | Transaction ID: D2197 Date of Disbursement 03 / 17 / 2009 |
| | Mailing Address 3524 N Southport Ave | Amount of Each Disbursement this Period 105.00 |
| | City Chicago State IL Zip Code 60657-1436 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Printing Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | [MEMO ITEM] |
| | Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|---------------|
| SUBTOTAL of Disbursements This Page (optional) | 337.52 |
| 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)
Friends of Sara

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Office Depot Mailing Address 2928 N Ashland Ave City Chicago State IL Zip Code 60657-4004 Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D2198 Date of Disbursement 03 / 17 / 2009 Amount of Each Disbursement this Period 53.98 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| B. | Full Name (Last, First, Middle Initial) Office Depot Mailing Address 2928 N Ashland Ave City Chicago State IL Zip Code 60657-4004 Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D2199 Date of Disbursement 03 / 17 / 2009 Amount of Each Disbursement this Period 15.39 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| C. | Full Name (Last, First, Middle Initial) Robyn Nardone Mailing Address 1125E West Newport City Chicago State IL Zip Code 60657 Purpose of Disbursement Office Supplies and Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D2201 Date of Disbursement 03 / 17 / 2009 Amount of Each Disbursement this Period 87.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

SUBTOTAL of Disbursements This Page (optional) ▶

87.00

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)
Friends of Sara

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) Jewel-Osco | Transaction ID: D2205 Date of Disbursement 03 / 15 / 2009 |
| | Mailing Address 2940 N. Ashland Ave. | Amount of Each Disbursement this Period 35.73 |
| | City Chicago State IL Zip Code 60657 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| | Purpose of Disbursement Catering Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | |
| | Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) Angelina M Rossi | Transaction ID: D2210 Date of Disbursement 03 / 17 / 2009 |
| | Mailing Address 5315 N Clark St # 309 | Amount of Each Disbursement this Period 2262.97 |
| | City Chicago State IL Zip Code 60640-2290 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| | Purpose of Disbursement Office Supplies, Postage, Food and Beverage Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | |
| | Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) COSTCO Wholesale | Transaction ID: D2216 Date of Disbursement 03 / 17 / 2009 |
| | Mailing Address 2746 N. Clybourn | Amount of Each Disbursement this Period 118.31 |
| | City Chicago State IL Zip Code 60614 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| | Purpose of Disbursement Food and Beverage Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | |
| | Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|---|---------|
| SUBTOTAL of Disbursements This Page (optional) | ▶ | 2262.97 |
| 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)
Friends of Sara

A.

Full Name (Last, First, Middle Initial)
COSTCO Wholesale

Mailing Address 2746 N. Clybourn

City Chicago State IL Zip Code 60614

Purpose of Disbursement
Coffee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2009
 Primary General
 Other (specify) ▼

Transaction ID: D2217
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
COSTCO Wholesale

Mailing Address 2746 N. Clybourn

City Chicago State IL Zip Code 60614

Purpose of Disbursement
Office Supplies

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2009
 Primary General
 Other (specify) ▼

Transaction ID: D2218
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
COSTCO Wholesale

Mailing Address 2746 N. Clybourn

City Chicago State IL Zip Code 60614

Purpose of Disbursement
Office Supplies

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2009
 Primary General
 Other (specify) ▼

Transaction ID: D2219
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

[MEMO ITEM]

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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Friends of Sara

A.

Full Name (Last, First, Middle Initial)
COSTCO Wholesale

Mailing Address 2746 N. Clybourn

City Chicago State IL Zip Code 60614

Purpose of Disbursement
Office Supplies, Food and Beverage

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2009
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D2220
Date of Disbursement

03 / 17 / 2009

Amount of Each Disbursement this Period

359.07

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Jewel-Osco

Mailing Address 2940 N. Ashland Ave.

City Chicago State IL Zip Code 60657

Purpose of Disbursement
Food and Beverage

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2009
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D2213
Date of Disbursement

03 / 17 / 2009

Amount of Each Disbursement this Period

110.33

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Jewel-Osco

Mailing Address 2940 N. Ashland Ave.

City Chicago State IL Zip Code 60657

Purpose of Disbursement
Postage

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2009
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D2214
Date of Disbursement

03 / 17 / 2009

Amount of Each Disbursement this Period

126.00

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) 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)
Friends of Sara

A.

Full Name (Last, First, Middle Initial)
Jewel-Osco

Mailing Address 2940 N. Ashland Ave.

City Chicago State IL Zip Code 60657

Purpose of Disbursement
Food and Beverage

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2009
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D2215
Date of Disbursement

03 / 17 / 2009

Amount of Each Disbursement this Period

28.67

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

[MEMO ITEM]

B.

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

Mailing Address 2928 N Ashland Ave

City Chicago State IL Zip Code 60657-4004

Purpose of Disbursement
Office Supplies

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2009
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D2221
Date of Disbursement

03 / 17 / 2009

Amount of Each Disbursement this Period

49.60

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Radioshack

Mailing Address 479 South Rand Rd

City Lake Zurich State IL Zip Code 60047

Purpose of Disbursement
Telecommunications

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2009
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D2222
Date of Disbursement

03 / 17 / 2009

Amount of Each Disbursement this Period

171.18

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

Use separate schedule(s) 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)
Friends of Sara

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) Radioshack | Transaction ID: D2223 Date of Disbursement 03 / 17 / 2009 |
| | Mailing Address 479 South Rand Rd | Amount of Each Disbursement this Period 171.18 |
| | City Lake Zurich State IL Zip Code 60047 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Telecommunications Candidate Name | [MEMO ITEM] |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) Uptown U.S. Post Office | Transaction ID: D2212 Date of Disbursement 03 / 17 / 2009 |
| | Mailing Address 4850 N. Broadway | Amount of Each Disbursement this Period 420.00 |
| | City Chicago State IL Zip Code 60640-9998 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Postage Candidate Name | [MEMO ITEM] |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) Verizon Wireless | Transaction ID: D2211 Date of Disbursement 03 / 17 / 2009 |
| | Mailing Address 777 Big Timber Road | Amount of Each Disbursement this Period 342.80 |
| | City Elgin State IL Zip Code 60123 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Telecommunications Candidate Name | [MEMO ITEM] |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | |

| | |
|--|-----------|
| SUBTOTAL of Disbursements This Page (optional) | 0.00 |
| TOTAL This Period (last page this line number only) | 691637.00 |

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Sara

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) Dr. Kenneth G Busch | Transaction ID: D2388 Date of Disbursement 03 / 17 / 2009 |
| | Mailing Address 600 N McClurg Ct # 1611A City Chicago State IL Zip Code 60611-3044 Purpose of Disbursement Contribution Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | Amount of Each Disbursement this Period 2300.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

| | | |
|----|---|--|
| B. | Full Name (Last, First, Middle Initial) Moira Collins Griffin | Transaction ID: D2289 Date of Disbursement 03 / 20 / 2009 |
| | Mailing Address 3920 N Lake Shore Dr Apt 9N City Chicago State IL Zip Code 60613-3465 Purpose of Disbursement Contribution Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | Amount of Each Disbursement this Period 690.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

| | | |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial) Moira Collins Griffin | Transaction ID: D1146 Date of Disbursement 02 / 19 / 2009 |
| | Mailing Address 3920 N Lake Shore Dr Apt 9N City Chicago State IL Zip Code 60613-3465 Purpose of Disbursement Contribution Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | 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 |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) | 3490.00 |
| 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 type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input checked="" type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Friends of Sara

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Melinda Dunker | Transaction ID: D2282 Date of Disbursement 03 / 20 / 2009 |
| | Mailing Address 1650 W. Rascher Ave. 1W | Amount of Each Disbursement this Period 350.00 |
| | City Chicago State IL Zip Code 60640 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Contribution Refund Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Carol England | Transaction ID: D2290 Date of Disbursement 03 / 20 / 2009 |
| | Mailing Address 347 W Belden Ave | Amount of Each Disbursement this Period 900.00 |
| | City Chicago State IL Zip Code 60614 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Contribution Refund Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Hon. Judy Erwin | Transaction ID: D2292 Date of Disbursement 03 / 20 / 2009 |
| | Mailing Address 1424 W. Lawrence | Amount of Each Disbursement this Period 1000.00 |
| | City Springfield State IL Zip Code 62704-2318 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Contribution Refund Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) | 2250.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 223 / 232

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

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NAME OF COMMITTEE (In Full)
Friends of Sara

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Dr. Edwin Feldman <hr/> Mailing Address 950 N. Michigan Ave. <hr/> City Chicago State IL Zip Code 60611 <hr/> Purpose of Disbursement Contribution Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D2291 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 100.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| B. | Full Name (Last, First, Middle Initial) Arthur Friedson <hr/> Mailing Address 545 W Aldine Ave Apt 6A <hr/> City Chicago State IL Zip Code 60657-3887 <hr/> Purpose of Disbursement Contribution Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D2389 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 0 9 <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 |
| C. | Full Name (Last, First, Middle Initial) David Gassman <hr/> Mailing Address 840 Heather Rd <hr/> City Deerfield State IL Zip Code 60015-3408 <hr/> Purpose of Disbursement Contribution Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D2285 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

| | |
|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 2600.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Friends of Sara

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Ms. Marietta Kuchuris | Transaction ID: D2293 Date of Disbursement 03 / 20 / 2009 |
| | Mailing Address 950 N Michigan Ave Apt 4306 | Amount of Each Disbursement this Period 50.00 |
| | City Chicago State IL Zip Code 60611-7525 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Contribution Refund Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Mr. donald levin | Transaction ID: D2287 Date of Disbursement 03 / 20 / 2009 |
| | Mailing Address 3001 Ridge Road | Amount of Each Disbursement this Period 2300.00 |
| | City Highland Park State IL Zip Code 60035 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Contribution Refund Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) kathleen Levin | Transaction ID: D2288 Date of Disbursement 03 / 20 / 2009 |
| | Mailing Address 3001 Ridge rd | Amount of Each Disbursement this Period 2300.00 |
| | City Highland Park State IL Zip Code 60035 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Contribution Refund Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) | 4650.00 |
| 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 type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input checked="" type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Friends of Sara

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Dr. William Brice McDonald <hr/> Mailing Address 3750 N Lake Shore Dr Apt 9D <hr/> City Chicago State IL Zip Code 60613-4233 <hr/> Purpose of Disbursement Contribution Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D2286 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 2356.82 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| B. | Full Name (Last, First, Middle Initial) Gail H. Morse <hr/> Mailing Address 3739 N. Wilton, Apt. 2 Unit 2 <hr/> City Chicago State IL Zip Code 60613 <hr/> Purpose of Disbursement Contribution Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D2284 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 2300.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| C. | Full Name (Last, First, Middle Initial) David Ormsby <hr/> Mailing Address 4630 N Drake Ave Apt 3S <hr/> City Chicago State IL Zip Code 60625-5880 <hr/> Purpose of Disbursement Contribution Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D2283 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 9 <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 |

| | |
|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 5156.82 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 226 / 232

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

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NAME OF COMMITTEE (In Full)
Friends of Sara

| | |
|--|---|
| A. Full Name (Last, First, Middle Initial) Maria Rosete <hr/> Mailing Address 5225 Notting Hill Rd. <hr/> City Gurnee State IL Zip Code 60031 <hr/> Purpose of Disbursement Contribution Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D1323 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 9 |
| | 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 |
| B. Full Name (Last, First, Middle Initial) Mr. David Vopatek <hr/> Mailing Address 535 N Michigan Ave Apt 811 <hr/> City Chicago State IL Zip Code 60611-3895 <hr/> Purpose of Disbursement Contribution Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D2281 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 9 |
| | Amount of Each Disbursement this Period 2300.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

SUBTOTAL of Disbursements This Page (optional) ►

2550.00

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

20696.82

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)
Friends of Sara

Transaction ID: L16

| | |
|--|--|
| LOAN SOURCE Full Name (Last, First, Middle Initial) Sara Feigenholtz | Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 3213 W. Wilton Ave. Unit A | |
| City Chicago State IL ZIP Code 60657 | |

| | | |
|--------------------------------------|------------------------------------|--|
| Original Amount of Loan 100000.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 100000.00 |
|--------------------------------------|------------------------------------|--|

TERMS

| | | | |
|--|------------------------|-------------------------------|---|
| Date Incurred MM DD YY YY 02 18 2009 | Date Due 02/17/2013 | Interest Rate 6.00 % (apr) | Secured: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|--|------------------------|-------------------------------|---|

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

| | |
|---|------------------------------------|
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 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) | ▶ | 100000.00 |
| TOTALS This Period (last page in this line only) | ▶ | 100000.00 |

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

SCHEDULE C-1 (FEC Form 3) LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Federal Election Commission, Washington, D.C. 20463

 Supplementary for
 Information found on
 Page 228 / 232 of Schedule C

| | | | |
|---|-------------|---|-------------------------------|
| Name of Committee (in Full) Friends of Sara | | FEC IDENTIFICATION NUMBER C00457267 | |
| Back Ref ID: L16 | | | |
| LENDING INSTITUTION (LENDER) Full Name North Community Bank | | Amount of Loan 100000.00 | Interest Rate (APR) 6.00 % |
| Mailing Address 3639 N. Broadway | | Date Incurred or Established 02 18 2009 | |
| City Chicago | State IL | Zip Code 60613 | Date Due 02/17/2013 |
| A. Has loan been restructured? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, date originally incurred : _____ | | | |
| B. If line of credit, Amount of this Draw: 0.00 | | Total Outstanding balance : 0.00 | |
| C. Are other parties secondarily liable for the debt incurred? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Sch. C) | | | |
| D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, specify: <u>Real Estate, 3213 N. Wilton Apt A, Chicago, IL 60657</u> | | What is the value of this collateral? 405000.00 Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | |
| E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____ | | What is the estimated value? 0.00 | |
| A depository account must be established pursuant to 11 CFR 100.82 and 100.142. Date account established: _____ | | Location of account Address: City, State, Zip: _____ | |
| F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment. | | | |
| G. COMMITTEE TREASURER Typed Name <u>Angela Rossi</u> Signature _____ | | DATE 02 18 2009 | |
| H. Attach a signed copy of the loan agreement. | | | |
| I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of this loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan. | | | |
| AUTHORIZED REPRESENTATIVE Typed Name <u>Justin Duhai</u> Signature _____ | | DATE 02 16 2009 | |
| | | Title Loan Officer | |

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)
Friends of Sara

| | | | |
|--|-------------|-------------------|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Adducci, Dorf, Lehner, Mitchell & Blankenship, PC | | | Nature of Debt (Purpose): Legal Services |
| Mailing Address 150 N. Michigan Avenue #2130 | | | |
| City Chicago | State IL | ZIP Code 60601 | |

| | | | |
|--|--------------------------------|---|--|
| Outstanding Balance Beginning This Period 6132.00 | | Transaction ID: D332417 | |
| Amount Incurred This Period -467.00 | Payment This Period 5665.00 | Outstanding Balance at Close of This Period 0.00 | |

| | | | |
|---|-------------|-------------------|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor AKPD Message and Media | | | Nature of Debt (Purpose): Media Production |
| Mailing Address 730 N. Franklin St. Suite 404 | | | |
| City Chicago | State IL | ZIP Code 60610 | |

| | | | |
|--|--------------------------------|---|--|
| Outstanding Balance Beginning This Period 2294.63 | | Transaction ID: D332418 | |
| Amount Incurred This Period 0.00 | Payment This Period 2294.63 | Outstanding Balance at Close of This Period 0.00 | |

| | | | |
|---|-------------|-------------------|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor AKPD Message and Media | | | Nature of Debt (Purpose): Media Consulting |
| Mailing Address 730 N. Franklin St. Suite 404 | | | |
| City Chicago | State IL | ZIP Code 60610 | |

| | | | |
|--|--------------------------------|---|--|
| Outstanding Balance Beginning This Period 5000.00 | | Transaction ID: D332426 | |
| Amount Incurred This Period 0.00 | Payment This Period 5000.00 | Outstanding Balance at Close of This Period 0.00 | |

| | |
|--|------|
| 1) SUBTOTALS This Period This Page (optional)..... | 0.00 |
| 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)
Friends of Sara

| | | | |
|---|-------------|------------------------|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor AT&T | | | Nature of Debt (Purpose): Telephone |
| Mailing Address PO Box 8100 | | | |
| City Aurora | State IL | ZIP Code 60507-8100 | |

| | | | |
|--|--|---|--|
| Outstanding Balance Beginning This Period <input type="text" value="530.60"/> | | Transaction ID: D332421 | |
| Amount Incurred This Period <input type="text" value="1471.37"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="2001.97"/> | |

| | | | |
|--|-------------|-------------------|---------------------------------------|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mia Francesca | | | Nature of Debt (Purpose): Catering |
| Mailing Address 3311 N. Clark St. | | | |
| City Chicago | State IL | ZIP Code 60657 | |

| | | | |
|--|--|---|--|
| Outstanding Balance Beginning This Period <input type="text" value="0.00"/> | | Transaction ID: D2498 | |
| Amount Incurred This Period <input type="text" value="1928.55"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="1928.55"/> | |

| | | | |
|--|-------------|-------------------|---------------------------------------|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mid-City Printing | | | Nature of Debt (Purpose): Printing |
| Mailing Address 5526 West Montrose | | | |
| City Chicago | State IL | ZIP Code 60641 | |

| | | | |
|--|---|--|--|
| Outstanding Balance Beginning This Period <input type="text" value="512.00"/> | | Transaction ID: D332419 | |
| Amount Incurred This Period <input type="text" value="1012.00"/> | Payment This Period <input type="text" value="1524.00"/> | Outstanding Balance at Close of This Period <input type="text" value="0.00"/> | |

| | |
|--|--------------------------------------|
| 1) SUBTOTALS This Period This Page (optional)..... | <input type="text" value="3930.52"/> |
| 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)
Friends of Sara

| | | | |
|--|-------------|-------------------|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mission Control | | | Nature of Debt (Purpose): Direct Mail |
| Mailing Address 114A Mansfield Hollow Rd | | | |
| City Mansfield Center | State CT | ZIP Code 06250 | |

| | | | |
|--|--|--|--|
| Outstanding Balance Beginning This Period <input type="text" value="53955.84"/> | | Transaction ID: D332420 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="53955.84"/> | Outstanding Balance at Close of This Period <input type="text" value="0.00"/> | |

| | | | |
|--|-------------|------------------------|---------------------------------------|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor NGP Software, Inc | | | Nature of Debt (Purpose): Database |
| Mailing Address 1225 I St NW Ste 1225 | | | |
| City Washington | State DC | ZIP Code 20005-5918 | |

| | | | |
|---|---|--|--|
| Outstanding Balance Beginning This Period <input type="text" value="2100.00"/> | | Transaction ID: D332427 | |
| Amount Incurred This Period <input type="text" value="1350.00"/> | Payment This Period <input type="text" value="3450.00"/> | Outstanding Balance at Close of This Period <input type="text" value="0.00"/> | |

| | | | |
|--|-------------|-------------------|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Whitney Wyatt Burns | | | Nature of Debt (Purpose): FEC Compliance Consultant |
| Mailing Address POBox 1174 | | | |
| City Springfield | State VA | ZIP Code 22151 | |

| | | | |
|--|--|---|--|
| Outstanding Balance Beginning This Period <input type="text" value="0.00"/> | | Transaction ID: D2496 | |
| Amount Incurred This Period <input type="text" value="7500.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="7500.00"/> | |

| | |
|--|--|
| 1) SUBTOTALS This Period This Page (optional)..... | <input type="text" value="7500.00"/> |
| 2) TOTALS This Period (last page this line number only)..... | <input type="text" value="11430.52"/> |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... | <input type="text" value="10000.00"/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | <input type="text" value="111430.52"/> |

Image# 29991959752

Form/Schedule: **SB17**
Transaction ID: **D1833**

The vendor has adjusted final billing and issued credit based on reconciliation of retainer agreement per 1/11-
/09 payment; See Schedule D

Form/Schedule: **SC/10**
Transaction ID: **L16**

Source of Loan: North Community Bank 3639 N. Broadway Chicago, IL 60613
