

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

Citizens for Callahan

ADDRESS (number and street)

P.O. Box 9458

Check box for different than previously reported.

Check if different than previously reported. (ACC)

Peoria

IL

61612

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

STATE DISTRICT

C00446484

IS THIS REPORT

NEW (N)

OR

X

AMENDED (A)

IL

18

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

April 15 Quarterly Report (Q1)

X

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

January 31 Year-End Report (YE)

Termination Report (TER)

Termination Report (TER)

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

Primary (12P)

Primary (12P)

General (12G)

General (12G)

Runoff (12R)

Runoff (12R)

Convention (12C)

Convention (12C)

Special (12S)

Special (12S)

Election on

in the State of

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

General (30G)

General (30G)

Runoff (30R)

Runoff (30R)

Special (30S)

Special (30S)

Election on

in the State of

5. Covering Period

04

01

2008

through

06

30

2008

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

Type or Print Name of Treasurer Mr Daniel Joseph Kelly

Signature of Treasurer Electronically Filed by Mr Daniel Joseph Kelly

Date

09

21

2008

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Citizens for Callahan

Report Covering the Period:

From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	138738.43	226683.43
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	138738.43	226683.43
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	91151.64	121270.51
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	91151.64	121270.51
8. Cash on Hand at Close of Reporting Period (from Line 27).....	155412.92	
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).....	50000.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name
Citizens for Callahan

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

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

68963.24

113463.24

(ii) Unitemized.....

36616.25

45561.25

(iii) TOTAL of contributions

105579.49

159024.49

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

33158.94

67658.94

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

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

138738.43

226683.43

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

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

0.00

0.00

13. LOANS

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

0.00

50000.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

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

0.00

50000.00

14. OFFSETS TO OPERATING EXPENDITURES

(Refunds, Rebates, etc.).....

0.00

0.00

15. OTHER RECEIPTS

(Dividends, Interest, etc.).....

0.00

0.00

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

138738.43

276683.43

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	91151.64	121270.51
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	91151.64	121270.51

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	107826.13
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	138738.43
25. SUBTOTAL (add Line 23 and Line 24).....	246564.56
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	91151.64
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	155412.92

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 159
(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)
Citizens for Callahan

A.

Full Name (Last, First, Middle Initial) William H. Albers		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
Mailing Address 11923 N Hickory Grove Rd		Transaction ID: C1283023
City Dunlap	State IL	Zip Code 61525-9259
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer University of Illinois	Occupation Doctor - Pediatric Cardiology	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

B.

Full Name (Last, First, Middle Initial) Fred W Allen		Date of Receipt MM / DD / YYYY 05 / 30 / 2008
Mailing Address 3721 N Harvard Dr		Transaction ID: C1269529
City Peoria	State IL	Zip Code 61614
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer retired	Occupation attorney	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

C.

Full Name (Last, First, Middle Initial) Dick Anderson		Date of Receipt MM / DD / YYYY 04 / 24 / 2008
Mailing Address The Galesburg Live Auction 1714 Knox, Highway 9		Transaction ID: C1173076
City Galesburg	State IL	Zip Code 61401
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Galesburg LvstK Sales, Inc	Occupation Agribusiness	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" 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 6 / 159
(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)
Citizens for Callahan

A.

Full Name (Last, First, Middle Initial)
Susan Anderson

Mailing Address 2310 S 4th Ave

City Morton State IL Zip Code 61550-9308

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

Name of Employer Self Employed Occupation Farmer

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

Date of Receipt: 05 / 18 / 2008

Transaction ID: C1178817

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 Asher

Mailing Address 180 E Pearson St

City Chicago State IL Zip Code 60611

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

Name of Employer Retired Occupation Retired

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

Date of Receipt: 06 / 05 / 2008

Transaction ID: C1270851

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)
James Ashmore

Mailing Address 9094 Blue Jug Lndg

City Burke State VA Zip Code 22015-2106

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

Name of Employer Self Employed Occupation Govt Affairs Consultant

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

Date of Receipt: 05 / 06 / 2008

Transaction ID: C1175247

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: (check only one)	PAGE 7 / 159
	<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)
Citizens for Callahan

A.	Full Name (Last, First, Middle Initial) Karen Bartelt	Date of Receipt MM / DD / YYYY 06 / 02 / 2008
	Mailing Address 22740 Groesenbach Rd	Transaction ID: C1270168
	City State Zip Code Washington IL 61571	Amount of Each Receipt this Period 125.00
	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 Unemployed Occupation Unemployed Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 225.00	

B.	Full Name (Last, First, Middle Initial) David Bateman	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 6653 Illinois Route 2 N	Transaction ID: C1283042
	City State Zip Code Oregon IL 61061	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 Self-employed Occupation Farmer Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Allen Blessman	Date of Receipt MM / DD / YYYY 04 / 30 / 2008
	Mailing Address 8940 NCR 3530E	Transaction ID: C1173981
	City State Zip Code Mason City IL 62664	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 Self Employed Occupation Farmer Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	1125.00
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 8 / 159
	<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)
Citizens for Callahan

A.	Full Name (Last, First, Middle Initial) Denny Bogner		Date of Receipt MM / DD / YYYY 06 / 24 / 2008
	Mailing Address R.R.1 Box 186		Transaction ID: C1279254
	City Henry	State IL	Zip Code 61537
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
	Name of Employer Self Employed	Occupation Farmer	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00		

B.	Full Name (Last, First, Middle Initial) John Brewster		Date of Receipt MM / DD / YYYY 06 / 19 / 2008
	Mailing Address 111 W Main Street		Transaction ID: C1273997
	City Marion	State IL	Zip Code 62959
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Winters, Brewster, Crosby Schafer LLC	Occupation Attorney	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

C.	Full Name (Last, First, Middle Initial) Sherry Brooks		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 2721 Harper Terrace		Transaction ID: C1283112
	City Peoria	State IL	Zip Code 61604
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 220.00
	Name of Employer United Security Communica-tions	Occupation Purchasing Agent	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 220.00		

SUBTOTAL of Receipts This Page (optional)	770.00
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 9 / 159
	<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)
Citizens for Callahan

A.	Full Name (Last, First, Middle Initial) Brittney Burns	Date of Receipt MM / DD / YYYY 04 / 14 / 2008
	Mailing Address 1660 N LaSalle Street # 2507	Transaction ID: C1121407
	City State Zip Code Chicago IL 60614	Amount of Each Receipt this Period 2300.00
	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 Setman and Garland Occupation Attorney Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2300.00	

B.	Full Name (Last, First, Middle Initial) James Burns	Date of Receipt MM / DD / YYYY 06 / 20 / 2008
	Mailing Address 2706 Lincoln Street	Transaction ID: C1277631
	City State Zip Code Evanston IL 60201	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 Secretary of State's Office Occupation Inspector General Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Tom Burrus	Date of Receipt MM / DD / YYYY 04 / 08 / 2008
	Mailing Address RR 1 Box 25-A	Transaction ID: C1101799
	City State Zip Code Arenzville IL 62611	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 Self Employed Occupation Farmer Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	3050.00
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 10 / 159
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

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

Mailing Address 504 E Howell Ave

City State Zip Code
Alexandria VA 22301-1216

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Holland and Knight Senior Policy Advisor

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	6	/	2	0	0	8

Transaction ID: C1175245

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)
Antoinette L Callahan

Mailing Address 229 N Durkin Dr.

City State Zip Code
Springfield IL 62702

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Retired Retired

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	3	/	2	0	0	8

Transaction ID: C1176507

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)
Antoinette L Callahan

Mailing Address 229 N Durkin Dr.

City State Zip Code
Springfield IL 62702

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Retired Retired

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	6	/	2	0	0	8

Transaction ID: C1182218

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 11 / 159
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A. Full Name (Last, First, Middle Initial)
Antoinette L Callahan
Mailing Address 229 N Durkin Dr.
City Springfield State IL Zip Code 62702
FEC ID number of contributing federal political committee. **C**
Name of Employer Retired Occupation Retired
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 800.00
Date of Receipt 06 / 30 / 2008
Transaction ID: C1283078
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)
Elaine Callahan
Mailing Address 6700 N Summershade Circle
City Peoria State IL Zip Code 61615
FEC ID number of contributing federal political committee. **C**
Name of Employer Retired Occupation Retired
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1100.00
Date of Receipt 06 / 30 / 2008
Transaction ID: C1283133
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)
Terri Campion
Mailing Address 1188 County Road 00 E
City Wyoming State IL Zip Code 61491-9314
FEC ID number of contributing federal political committee. **C**
Name of Employer Central Illinois Alzheimers Chapter Occupation Associate Director of Development
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00
Date of Receipt 06 / 20 / 2008
Transaction ID: C1277641
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: PAGE 12 / 159
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A. Full Name (Last, First, Middle Initial)
William Campion

Mailing Address 1188 County Road OOE

City State Zip Code
Wyoming IL 61491

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

Name of Employer Occupation
Self-employed Farmer

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

Date of Receipt
M M / D D / Y Y Y Y
06 / 20 / 2008

Transaction ID: C1277634

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)
James R Carter

Mailing Address 416 Main, Ste 529

City State Zip Code
Peoria IL 61602

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

Name of Employer Occupation
Carter Law Offices Attorney

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

Date of Receipt
M M / D D / Y Y Y Y
06 / 26 / 2008

Transaction ID: C1280431

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)
Estratios Cavros

Mailing Address 120 East Oakland Park Blvd

City State Zip Code
Fort Lauderdale FL 33334

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

Name of Employer Occupation
Self Finance Consultant

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

Date of Receipt
M M / D D / Y Y Y Y
06 / 15 / 2008

Transaction ID: C1272398

Amount of Each Receipt this Period
260.00

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

SUBTOTAL of Receipts This Page (optional) ► **1510.00**

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 / 159
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A. Full Name (Last, First, Middle Initial)
Wendy Clary
Mailing Address 1425 Bristol Hollow
City Dunlap State IL Zip Code 61525
FEC ID number of contributing federal political committee. **C**
Name of Employer IVC School District # 321 Occupation Principal
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
Date of Receipt 05 / 13 / 2008
Transaction ID: C1176476
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)
Joseph Clayton
Mailing Address 2610 Washington Ave
City Chevy Chase State MD Zip Code 20815-3014
FEC ID number of contributing federal political committee. **C**
Name of Employer Widmeyer Communication Occupation CEO
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
Date of Receipt 05 / 06 / 2008
Transaction ID: C1175235
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)
Pamela Colbert
Mailing Address 1149 Mercedes Way
City Salt Lake City State UT Zip Code 84108
FEC ID number of contributing federal political committee. **C**
Name of Employer Struck Occupation Interactive Producer
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
Date of Receipt 06 / 30 / 2008
Transaction ID: C1283051
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) ► 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 14 / 159
(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

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A.

Full Name (Last, First, Middle Initial)
Gloria Colgan

Mailing Address 714 Glenbard Road

City State Zip Code
Glen Ellyn IL 60137

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

Name of Employer Discover Financial Services
Occupation marketing & business development

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2008

Transaction ID: C1283809

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)
Paul Colgan

Mailing Address 1014 Naperville Rd

City State Zip Code
Wheaton IL 60187

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

Name of Employer Attainable Housing Alliance
Occupation Exec Officer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2008

Transaction ID: C1269727

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)
William P. Colson

Mailing Address 203 N La Salle Street Suite 1500

City State Zip Code
Chicago IL 60601

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

Name of Employer Finkel Martwick, and Colson PC
Occupation Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 19 / 2008

Transaction ID: C1273993

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) ► **2800.00**

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 / 159
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

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

Mailing Address 3946 N Ravenswood Ave

City Chicago State IL Zip Code 60613

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt: 06 / 30 / 2008
Transaction ID: C1283067
 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)
Michael Daly

Mailing Address 2400 Wimbleton

City Springfield State IL Zip Code 62704

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

Name of Employer US Senate Occupation Chief of Staff

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt: 06 / 19 / 2008
Transaction ID: C1273966
 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)
Bill & Linda Decker

Mailing Address 2188 E. CR 9

City Milford State IL Zip Code 60953

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

Name of Employer Decker Real Estate & Auctioneer - Self Occupation auctioneer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt: 06 / 30 / 2008
Transaction ID: C1283044
 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) ► **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 16 / 159
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A. Full Name (Last, First, Middle Initial)
Robert Dewey
Mailing Address 124 SW Adams, Ste 600
City Peoria State IL Zip Code 61602
FEC ID number of contributing federal political committee. **C**
Name of Employer Heyl Royster Occupation Attorney
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 700.00
Date of Receipt 04 / 17 / 2008
Transaction ID: C1128409
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)
Robert Dewey
Mailing Address 124 SW Adams, Ste 600
City Peoria State IL Zip Code 61602
FEC ID number of contributing federal political committee. **C**
Name of Employer Heyl Royster Occupation Attorney
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 700.00
Date of Receipt 06 / 30 / 2008
Transaction ID: C1283090
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)
John Dickinson
Mailing Address 4200 E. Commerce Way #524
City Sacramento State CA Zip Code 95834
FEC ID number of contributing federal political committee. **C**
Name of Employer Parnell Dickinson Occupation entrepreneur
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00
Date of Receipt 06 / 12 / 2008
Transaction ID: C1272133
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 17 / 159
(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)
Citizens for Callahan

A.

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

Mailing Address 4820 Grandview Court

City State Zip Code
La Plata MD 20646

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

Name of Employer
Renewable Fuels Associati-
on
Occupation
President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 6 / 2 0 0 8

Transaction ID: C1175251

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)
Alan Dixon

Mailing Address 7412 Wolf Run Trail

City State Zip Code
Fairview Heights IL 62208-4503

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

Name of Employer
Bryan Cave
Occupation
Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

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

Transaction ID: C1277628

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)
Scott Doubet

Mailing Address 308 E Main Steet

City State Zip Code
Elmwood IL 61529

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

Name of Employer
Information Requested
Occupation
Information Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

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

Transaction ID: C1173583

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) ► **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 18 / 159
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

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

Mailing Address 77 Horseshoe Dr

City Springfield State IL Zip Code 62702

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

Name of Employer Retired Occupation Retired

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

Amount of Each Receipt this Period 500.00

Transaction ID: C1171112

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

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

Mailing Address 4469 E Moonlight Way

City Paradise Valley State AZ Zip Code 85253

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

Name of Employer Community Occupation Community Volunteer

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

Amount of Each Receipt this Period 2300.00

Transaction ID: C1121116

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

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

Mailing Address 809 Center Street

City Eureka State IL Zip Code 61530-9501

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

Name of Employer Self Employed Occupation Farmer

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

Amount of Each Receipt this Period 2000.00

Transaction ID: C1284211

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

SUBTOTAL of Receipts This Page (optional) ► **4800.00**

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 / 159
(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)
Citizens for Callahan

A.

Full Name (Last, First, Middle Initial)
David & Linda L Gill

Mailing Address 1500 NE Glen Oak Avenue

City Peoria State IL Zip Code 61605

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

Name of Employer Dave Gill Trucks Inc Occupation Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

Date of Receipt 06 / 20 / 2008

Transaction ID: C1277646

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)
Eugene Gill

Mailing Address R 1 Box 49

City Wyoming State IL Zip Code 61491

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

Name of Employer Camp Groves Trucking LLC Occupation Member

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2150.00

Date of Receipt 06 / 20 / 2008

Transaction ID: C1277632

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)
Richard Grawey

Mailing Address 11313 N State Route 91

City Dunlap State IL Zip Code 61525

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

Name of Employer State of Illinois Occupation Judge

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt 05 / 18 / 2008

Transaction ID: C1178816

Amount of Each Receipt this Period 2300.00

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 20 / 159
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

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

Mailing Address P.O. Box 175

City State Zip Code
Camp Grove IL 61424

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

Name of Employer Occupation
retired retired

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

Date of Receipt
MM / DD / YYYY
06 / 26 / 2008

Transaction ID: C1280407

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)
Keith Haning

Mailing Address 27215 Boyton Road

City State Zip Code
Delavan IL 61734-1553

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

Name of Employer Occupation
Self-employed Farmer

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

Date of Receipt
MM / DD / YYYY
05 / 19 / 2008

Transaction ID: C1179162

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)
Alan D Harkrader

Mailing Address 1712 E Shady Oak Dr

City State Zip Code
Peoria IL 61614-7906

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

Name of Employer Occupation
Retired Retired

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

Date of Receipt
MM / DD / YYYY
06 / 26 / 2008

Transaction ID: C1280422

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 21 / 159
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A. Full Name (Last, First, Middle Initial)
Ed Heffernan

Mailing Address 1 Massachusetts Ave NW
Suite 820

City Washington State DC Zip Code 20001

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

Name of Employer Self Employed Occupation Attorney

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

Date of Receipt 05 / 01 / 2008
Transaction ID: C1174429
 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 Homeier

Mailing Address PO Box 19246

City Springfield State IL Zip Code 62794-9246

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

Name of Employer Bi-Petro Inc Occupation Chairman of the Board

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

Date of Receipt 05 / 26 / 2008
Transaction ID: C1182235
 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 L Huston

Mailing Address 1870 N Dayton

City Chicago State IL Zip Code 60614

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

Name of Employer Retired Occupation Retired

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

Date of Receipt 06 / 19 / 2008
Transaction ID: C1273968
 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 22 / 159
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A.

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

Mailing Address 5420 Moorland Ln

City State Zip Code
Bethesda MD 20814-1336

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

Name of Employer Occupation
Dutko Worldwide CEO

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

Date of Receipt
MM / DD / YYYY
05 / 04 / 2008

Transaction ID: C1174684

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)
Edward James

Mailing Address 202 Lions Gate Dr

City State Zip Code
Cary NC 27518-8710

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

Name of Employer Occupation
Information Requested Information Requested

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

Date of Receipt
MM / DD / YYYY
05 / 06 / 2008

Transaction ID: C1175244

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)
Jay H. Janssen

Mailing Address 333 Main St

City State Zip Code
Peoria IL 61602-1303

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

Name of Employer Occupation
Janssen Law Center Attorney

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

Date of Receipt
MM / DD / YYYY
06 / 25 / 2008

Transaction ID: C1285607

Amount of Each Receipt this Period
600.00

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

* In-Kind: Expenses for Fundraiser

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 23 / 159
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

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

Mailing Address 238 Franklin

City State Zip Code
River Forest IL 60305-2116

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

Name of Employer Occupation
Jасulca/Terman and Assoc Chairman and CEO

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

Date of Receipt
M M / D D / Y Y Y Y
06 / 19 / 2008

Transaction ID: C1273972

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 Kelly

Mailing Address 1011 Brookforest

City State Zip Code
Peoria IL 61615

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

Name of Employer Occupation
Kevin Kelly Jewelers Jeweler

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

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2008

Transaction ID: C1283083

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)
Craig Kilby

Mailing Address 301 W 4 St

City State Zip Code
Mackinaw IL 61755

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

Name of Employer Occupation
Burrus Hybrids Sales Agronomist

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

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2008

Transaction ID: C1273409

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: (check only one)	PAGE 24 / 159
	<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)
Citizens for Callahan

A. Full Name (Last, First, Middle Initial)
Karl Knauth

Mailing Address 2482 E 1200 N. Rd.

City Milford State IL Zip Code 60953

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

Name of Employer Self Employed Occupation Farmer

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General Other (specify) ▼

500.00

Date of Receipt: 04 / 02 / 2008

Transaction ID: C1077973

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)
Mark Koenig

Mailing Address 259 Grebner Rd

City Metamora State IL Zip Code 61548-9564

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

Name of Employer Self Employed Occupation Welder

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General Other (specify) ▼

2300.00

Date of Receipt: 05 / 13 / 2008

Transaction ID: C1176490

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)
Catherine Lamb-Heinz

Mailing Address 437 Sheridan Rd

City Kenilworth State IL Zip Code 60043-1220

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

Name of Employer Northrop Grumman Occupation Communications Vice President

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General Other (specify) ▼

500.00

Date of Receipt: 05 / 04 / 2008

Transaction ID: C1174685

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) ► **3300.00**

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 25 / 159
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

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

Mailing Address 121 NE Jefferson Ste. 200

City Peoria State IL Zip Code 61602

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

Name of Employer Self-employed Occupation Real Estate Developer

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

Amount of Each Receipt this Period: 1000.00

Transaction ID: C1283018

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

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

Mailing Address 10021 N Knox St

City Edwards State IL Zip Code 61528-9786

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

Name of Employer Retired Occupation Retired

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

Amount of Each Receipt this Period: 200.00

Transaction ID: C1173283

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

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

Mailing Address 10021 N Knox St

City Edwards State IL Zip Code 61528-9786

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

Name of Employer Retired Occupation Retired

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

Amount of Each Receipt this Period: 100.00

Transaction ID: C1283116

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 26 / 159
(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

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A.

Full Name (Last, First, Middle Initial) Julie Maschhoff		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
Mailing Address 7475 State Route 127		Transaction ID: C1284213
City Carlyle	State IL	Zip Code 62231
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer The Maschhoff	Occupation Farmer	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

B.

Full Name (Last, First, Middle Initial) Leslie Mathers, III		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
Mailing Address 514 N Pennsylvania		Transaction ID: C1283021
City Morton	State IL	Zip Code 61550
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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

C.

Full Name (Last, First, Middle Initial) Daniel Meckes		Date of Receipt MM / DD / YYYY 05 / 26 / 2008
Mailing Address 1732 Greening Lane		Transaction ID: C1182232
City Kirkwood	State MO	Zip Code 63122
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Crawford, Murphy & Tilly	Occupation Engineer	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

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 27 / 159
	(check only one)
<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"/>	<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)
Citizens for Callahan

A.	Full Name (Last, First, Middle Initial) Robert Meils		Date of Receipt																				
	Mailing Address 608 CR 1900 E		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>5</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	8		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y													
	0	5		0	8		2	0	0	8													
	City	State	Zip Code																				
Varna	IL	61375																					
FEC ID number of contributing federal political committee. C		Transaction ID: C1175446																					
Name of Employer Self Employed		Occupation Farmer	Amount of Each Receipt this Period																				
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<table border="1"><tr><td>500.00</td></tr></table>	500.00																			
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) Rick Meinders		Date of Receipt																				
	Mailing Address 14743 Fieldcrest Drive		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y													
	0	6		3	0		2	0	0	8													
	City	State	Zip Code																				
Brimfield	IL	61517																					
FEC ID number of contributing federal political committee. C		Transaction ID: C1283120																					
Name of Employer Caterpillar		Occupation Machine Production	Amount of Each Receipt this Period																				
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<table border="1"><tr><td>220.00</td></tr></table>	220.00																			
220.00																							
		<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) Jeanne Mentgen		Date of Receipt																				
	Mailing Address 6700 N Fieldstone Ct		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	7		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y													
	0	4		1	7		2	0	0	8													
	City	State	Zip Code																				
Peoria	IL	61615-8602																					
FEC ID number of contributing federal political committee. C		Transaction ID: C1128417																					
Name of Employer Peoria Heights School District		Occupation Early Childhood Program Coordinator	Amount of Each Receipt this Period																				
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<table border="1"><tr><td>300.00</td></tr></table>	300.00																			
300.00																							
		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)																					

SUBTOTAL of Receipts This Page (optional)	<table border="1"><tr><td>1020.00</td></tr></table>	1020.00
1020.00		
TOTAL This Period (last page this line number only)	<table border="1"><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 28 / 159
(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)
Citizens for Callahan

A.

Full Name (Last, First, Middle Initial)
Mary Ann Mercer

Mailing Address 209 W South Street

City Princeville State IL Zip Code 61559

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

Name of Employer Mercer Homes & Remodeling Occupation President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 06 / 30 / 2008

Transaction ID: C1283109

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)
Carrol Merry

Mailing Address N100W14618 Sunburst Trl

City Germantown State WI Zip Code 53022-5397

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

Name of Employer Countryside Marketing Inc Occupation Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 05 / 08 / 2008

Transaction ID: C1175442

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)
Arlene Mikrut

Mailing Address 7105 W US Highway # 150

City Edwards State IL Zip Code 61528-9727

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

Name of Employer Self-employed Occupation Farmer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 06 / 02 / 2008

Transaction ID: C1270175

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 29 / 159
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A. Full Name (Last, First, Middle Initial)
wade nelson

Mailing Address 941 bonnie brae

City river forest State IL Zip Code 60305

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

Name of Employer city of chicago Occupation government

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 325.00

Date of Receipt 06 / 19 / 2008
Transaction ID: C1273991
 Amount of Each Receipt this Period 125.00

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

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

Mailing Address 416 Main, Ste 815

City Peoria State IL Zip Code 61602

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

Name of Employer Nicoara & Steagall, Attorneys at Law Occupation attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 06 / 30 / 2008
Transaction ID: C1283054
 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)
Madelyn A O'Brien

Mailing Address 1680 Waterford Place

City Bourbonnais State IL Zip Code 60914

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

Name of Employer Retired Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 04 / 20 / 2008
Transaction ID: C1171107
 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) ► 1125.00

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 / 159
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A. Full Name (Last, First, Middle Initial)
Daniel G O'Day
 Mailing Address 415 Hamilton
 City Peoria State IL Zip Code 61602
 Date of Receipt 06 / 18 / 2008
 Transaction ID: C1273413
 Amount of Each Receipt this Period 2300.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Cusack Fleming Gilfillian & O'Day Occupation Lawyer
 Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) 2300.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Patrick Oberle
 Mailing Address 3500 Cattail Cove
 City Pekin State IL Zip Code 61554
 Date of Receipt 04 / 09 / 2008
 Transaction ID: C1102437
 Amount of Each Receipt this Period 2300.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Eliff, Keyser, Oberle & Dancy Occupation Attorney
 Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) 2300.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Carl Ostermeier
 Mailing Address 2775 Ostermeier Road
 City Chatham State IL Zip Code 62629
 Date of Receipt 05 / 26 / 2008
 Transaction ID: C1182227
 Amount of Each Receipt this Period 250.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Self-employed Occupation farmer
 Receipt For: 2008 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) ▶ 4850.00
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 / 159

(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)
Citizens for Callahan

A.

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

Mailing Address 828 W Savanna Ct

City State Zip Code
Dunlap IL 61525-9646

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

Name of Employer Occupation
Retired Retired

Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 6 / 2 0 0 8

Transaction ID: C1173282

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)
J B Penn

Mailing Address 1488 Hampton Hill Circle

City State Zip Code
Mc Lean VA 22101

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

Name of Employer Occupation
Sparks Companies Economist

Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

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

Transaction ID: C1273416

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)
Jody Pruitt

Mailing Address 202 W. Jones St.

City State Zip Code
Milford IL 60953

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

Name of Employer Occupation
Retired Retired

Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 750.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: C1283808

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 32 / 159
(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)
Citizens for Callahan

A.

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

Mailing Address P.O. Box 429

City Springfield State IL Zip Code 62705

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

Name of Employer EL Pruitt Co. Occupation Co. President & Ceo

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period: 250.00

Transaction ID: C1182229

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

B.

Full Name (Last, First, Middle Initial)
Pauli Ranch

Mailing Address 12507 Hawn Creek Rd

City Potter Valley State CA Zip Code 95469-9716

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

Name of Employer Self-employed Occupation farmer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period: 500.00

Transaction ID: C1175832

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

C.

Full Name (Last, First, Middle Initial)
Gabrielle Rantisi

Mailing Address 2807 W Briarcliffe Ln

City Peoria State IL Zip Code 61604-1186

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

Name of Employer Lifestyles Occupation Hairstylist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period: 1370.00

Transaction ID: C1277650

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

SUBTOTAL of Receipts This Page (optional) ► **870.00**

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 / 159
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A. Full Name (Last, First, Middle Initial)
Gabrielle Rantisi

Mailing Address 2807 W Briarcliffe Ln

City Peoria State IL Zip Code 61604-1186

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

Name of Employer Lifestyles Occupation Hairstylist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1370.00

Date of Receipt 06 / 30 / 2008
Transaction ID: C1283059
 Amount of Each Receipt this Period 750.00

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

B. Full Name (Last, First, Middle Initial)
Nona M Retzer

Mailing Address 2528 W. Hidden Lake Ct.

City Peoria State IL Zip Code 61614

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

Name of Employer Housewife Occupation Housewife

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 375.00

Date of Receipt 06 / 02 / 2008
Transaction ID: C1270166
 Amount of Each Receipt this Period 125.00

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

C. Full Name (Last, First, Middle Initial)
Nona M Retzer

Mailing Address 2528 W. Hidden Lake Ct.

City Peoria State IL Zip Code 61614

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

Name of Employer Housewife Occupation Housewife

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 375.00

Date of Receipt 06 / 30 / 2008
Transaction ID: C1283019
 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) ► **925.00**

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 / 159

(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)
Citizens for Callahan

A.

Full Name (Last, First, Middle Initial)
Sarah Ross

Mailing Address 302 Giant City Rd

City	State	Zip Code
Monticello	IL	61856-8170

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

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

Receipt For: 2008	Election Cycle-to-Date ▼
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	300.00

Date of Receipt

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

Transaction ID: C1272102

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 Sanders

Mailing Address 305 3rd St SE

City	State	Zip Code
Washington	DC	20003-1906

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

Name of Employer Cornerstone Government Affairs	Occupation Executive Vice President
--	--

Receipt For: 2008	Election Cycle-to-Date ▼
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 6 / 2 0 0 8

Transaction ID: C1175237

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)
Darell Sarff

Mailing Address 1147 CR 700 E

City	State	Zip Code
Chandlerville	IL	62627

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

Name of Employer Kennedy-Sarff Real Estate, LLC	Occupation Farmer
--	----------------------

Receipt For: 2008	Election Cycle-to-Date ▼
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	750.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 8

Transaction ID: C1176519

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) ▶

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: (check only one)	PAGE 35 / 159
	<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)
Citizens for Callahan

A.	Full Name (Last, First, Middle Initial) Darell Sarff		Date of Receipt
	Mailing Address 1147 CR 700 E		<input type="text" value="06"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Chandlerville	IL	62627
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Kennedy-Sarff Real Estate, LLC		Occupation Farmer	Transaction ID: C1272395
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="750.00"/>	<input type="text" value="100.00"/>
<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) Darell Sarff		Date of Receipt
	Mailing Address 1147 CR 700 E		<input type="text" value="06"/> / <input type="text" value="20"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Chandlerville	IL	62627
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Kennedy-Sarff Real Estate, LLC		Occupation Farmer	Transaction ID: C1277643
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="750.00"/>	<input type="text" value="300.00"/>
<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) P. Scott Shearer		Date of Receipt
	Mailing Address 2744 Clarkes Landing Dr		<input type="text" value="05"/> / <input type="text" value="06"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Oakton	VA	22124-1120
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Bockorny Group		Occupation Government Relations	Transaction ID: C1175239
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" 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="900.00"/>
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 36 / 159
(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)
Citizens for Callahan

A.

Full Name (Last, First, Middle Initial) Daniel Shomon		Date of Receipt MM / DD / YYYY 04 / 24 / 2008
Mailing Address 33 W. Monroe 17th Floor		Transaction ID: C1173080
City Chicago	State IL	Zip Code 60603
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer Dan Shomon, Inc	Occupation Lobbyist	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 275.00	

B.

Full Name (Last, First, Middle Initial) Danny Silverthorn		Date of Receipt MM / DD / YYYY 06 / 02 / 2008
Mailing Address 405 W Westwood Dr		Transaction ID: C1270164
City Peoria	State IL	Zip Code 61614-7251
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer West Central IL Building Trades Council	Occupation Executive Director	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 400.00	

C.

Full Name (Last, First, Middle Initial) Danny Silverthorn		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
Mailing Address 405 W Westwood Dr		Transaction ID: C1283105
City Peoria	State IL	Zip Code 61614-7251
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer West Central IL Building Trades Council	Occupation Executive Director	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	525.00
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 / 159
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A. Full Name (Last, First, Middle Initial)
Francis J Smith

Mailing Address 1230 N Westshore Blvd

City Manteno State IL Zip Code 60950

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

Name of Employer Homestar Bank Occupation Salesman

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 04 / 17 / 2008

Transaction ID: C1128410

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 P Smith

Mailing Address 1150 Connecticut Ave, NW, Suite 10

City Washington State DC Zip Code 20036

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

Name of Employer Smith Dawson & Andrews Occupation Lobbyist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 04 / 20 / 2008

Transaction ID: C1171106

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)
Shelia Smith

Mailing Address 2800 N Lake Shore Drive Apt 4107

City Chicago State IL Zip Code 60657-6256

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 06 / 19 / 2008

Transaction ID: C1273994

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 38 / 159
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A. Full Name (Last, First, Middle Initial)
David L Snider

Mailing Address 10013 W Legion Hall Rd

City Princeville State IL Zip Code 61559-9152

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

Name of Employer Self-employed - Cazca Salt, Inc Occupation Owner

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

Date of Receipt: 05 / 19 / 2008
Transaction ID: C1179172
 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)
David L Snider

Mailing Address 10013 W Legion Hall Rd

City Princeville State IL Zip Code 61559-9152

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

Name of Employer Self-employed - Cazca Salt, Inc Occupation Owner

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

Date of Receipt: 06 / 30 / 2008
Transaction ID: C1283117
 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)
Allen & Nancy Sorce

Mailing Address 3201 N. Main

City East Peoria State IL Zip Code 61611

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

Name of Employer Self-employed - Dehater Company Occupation Sales

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

Date of Receipt: 06 / 24 / 2008
Transaction ID: C1279255
 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) ► **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 39 / 159
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A.

Full Name (Last, First, Middle Initial)
Douglas Stephens

Mailing Address 7827 N. Galena Rd

City Peoria State IL Zip Code 61615

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

Name of Employer Stephens Fiddes McGill & Associates
Occupation Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 06 / 09 / 2008

Transaction ID: C1271346

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)
Douglas Stephens

Mailing Address 7827 N. Galena Rd

City Peoria State IL Zip Code 61615

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

Name of Employer Stephens Fiddes McGill & Associates
Occupation Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 06 / 26 / 2008

Transaction ID: C1280433

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 Stuckel

Mailing Address 331 Fulton, Suite 650

City Peoria State IL Zip Code 61602

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

Name of Employer Harvey & Stuckel
Occupation attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 06 / 26 / 2008

Transaction ID: C1280429

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) ► 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 40 / 159
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

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

Mailing Address 453 W Jefferson Street

City State Zip Code
Rushville IL 62681

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

Name of Employer Retired Occupation Retired

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

Date of Receipt
MM / DD / YYYY
06 / 15 / 2008

Transaction ID: C1272394

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)
Nancy Turner

Mailing Address 248 CR 2500 N

City State Zip Code
Mahomet IL 61853

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

Name of Employer Rising Farmers Grain Co Occupation Bookkeeper

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

Date of Receipt
MM / DD / YYYY
05 / 06 / 2008

Transaction ID: C1175254

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)
Kerry Tuttle

Mailing Address 6000 Big Hollow Road

City State Zip Code
Peoria IL 61615

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

Name of Employer Self Employed Occupation Veterinarian

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

Date of Receipt
MM / DD / YYYY
06 / 30 / 2008

Transaction ID: C1283810

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) ► **2050.00**

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 / 159
(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

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A.

Full Name (Last, First, Middle Initial)
Joseph Varallo, Jr

Mailing Address PO Box 2666

City Washington State DC Zip Code 20013-2666

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

Name of Employer Self Employed Occupation Consultant

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 201.00

Date of Receipt 05 / 06 / 2008

Transaction ID: C1175248

Amount of Each Receipt this Period 201.00

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

B.

Full Name (Last, First, Middle Initial)
Kathy Vehovic

Mailing Address 1209 W Maple South

City Springfield State IL Zip Code 62704

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt 05 / 26 / 2008

Transaction ID: C1182233

Amount of Each Receipt this Period 400.00

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

C.

Full Name (Last, First, Middle Initial)
Rocky Vonachen

Mailing Address 6363 North State Highway 161

City Peoria State IL Zip Code 61605

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

Name of Employer Peoria Chiefs Occupation General manager/President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt 05 / 31 / 2008

Transaction ID: C1285611

Amount of Each Receipt this Period 300.00

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

* In-Kind: Purchased tickets for fundraiser

SUBTOTAL of Receipts This Page (optional) ► **901.00**

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 / 159
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A. Full Name (Last, First, Middle Initial)
Jay Vroom
Mailing Address 1317 Titania Ln
City State Zip Code
Mc Lean VA 22102-2750
FEC ID number of contributing federal political committee. **C**
Name of Employer Croplife America Occupation CEO
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 992.24
Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 6 / 2 0 0 8
Transaction ID: C1175236
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)
Jay Vroom
Mailing Address 1317 Titania Ln
City State Zip Code
Mc Lean VA 22102-2750
FEC ID number of contributing federal political committee. **C**
Name of Employer Croplife America Occupation CEO
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 992.24
Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 6 / 2 0 0 8
Transaction ID: C1285609
Amount of Each Receipt this Period
367.24
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
* In-Kind: Catering Expense for Fundraiser

C. Full Name (Last, First, Middle Initial)
Jay Vroom
Mailing Address 1317 Titania Ln
City State Zip Code
Mc Lean VA 22102-2750
FEC ID number of contributing federal political committee. **C**
Name of Employer Croplife America Occupation CEO
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 992.24
Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 6 / 2 0 0 8
Transaction ID: C1285610
Amount of Each Receipt this Period
125.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
* In-Kind: Room Rental expense for Fundraiser

SUBTOTAL of Receipts This Page (optional) ▶ **992.24**
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 / 159
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A. Full Name (Last, First, Middle Initial)
Raymond Watson

Mailing Address 51 Fairview Lane

City State Zip Code
Springfield IL 62711

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

Name of Employer Occupation
The State of IL Attorney in Sec of State White's Offic

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

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 6 / 2 0 0 8

Transaction ID: C1182226

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)
Rodney Weaver

Mailing Address 510 Lakeshore Dr

City State Zip Code
Hanna City IL 61536

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

Name of Employer Occupation
TKM United States Pulp and Paper Market Manager

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

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: C1283106

Amount of Each Receipt this Period
220.00

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

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

Mailing Address 510 Lakeshore Dr

City State Zip Code
Hanna City IL 61536

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

Name of Employer Occupation
TKM United States Pulp and Paper Market Manager

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

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: C1283107

Amount of Each Receipt this Period
80.00

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 44 / 159
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A. Full Name (Last, First, Middle Initial)
Wayne Whalen

Mailing Address 4920 S Greenwood Ave

City State Zip Code
Chicago IL 60615

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

Name of Employer Occupation
Skradden Arps Slate Meagher & Flom LLP Attorney

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

Date of Receipt
MM / DD / YYYY
06 / 18 / 2008

Transaction ID: C1273403

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)
H.M. White, Jr

Mailing Address 43503 Freeport PI

City State Zip Code
Sterling VA 20166-2159

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

Name of Employer Occupation
EOP Group Lobbyist

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

Date of Receipt
MM / DD / YYYY
05 / 06 / 2008

Transaction ID: C1175240

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)
Diane Winberg

Mailing Address 4037 Eagle Wing Rd

City State Zip Code
Springfield IL 62711-8092

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

Name of Employer Occupation
Information Requested Information Requested

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

Date of Receipt
MM / DD / YYYY
05 / 26 / 2008

Transaction ID: C1182234

Amount of Each Receipt this Period
400.00

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 45 / 159
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A. Full Name (Last, First, Middle Initial)
Willa Sue Yordy

Mailing Address 1855 Copperfield Dr

City Morton State IL Zip Code 61550

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

Name of Employer Retired Occupation Retired

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

Date of Receipt: 04 / 24 / 2008
Transaction ID: C1173075
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)
Fetman, Garland, and Associates, LTD.

Mailing Address 33 W Jackson Blvd Suite 200

City Chicago State IL Zip Code 60604

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

Name of Employer Occupation

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

Date of Receipt: 06 / 24 / 2008
Transaction ID: C1279251
Amount of Each Receipt this Period: 300.00

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

LLC - Members below if it-
emized. Permissible funds.

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

Mailing Address 33 W Jackson Blvd Suite 200

City Chicago State IL Zip Code 60604

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

Name of Employer Fetman Garland and Associates Occupation Attorney

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

Date of Receipt: 06 / 24 / 2008
Transaction ID: C1284245
Amount of Each Receipt this Period: 300.00

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

[MEMO ITEM]
*

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 46 / 159
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A. Full Name (Last, First, Middle Initial)
Brian Bates

Mailing Address 1215 West Eddy Street

City Chicago State IL Zip Code 60657

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

Name of Employer Morrison and Foerster LLP Occupation Lawyer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1250.00

Date of Receipt 06 / 18 / 2008
Transaction ID: C1278974A
 Amount of Each Receipt this Period 1250.00

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)
Act Blue

Mailing Address 14 Arrow Street Suite 11

City Cambridge State MA Zip Code 02138

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 12457.00

Date of Receipt 06 / 22 / 2008
Transaction ID: C1278974AB
 Amount of Each Receipt this Period 1250.00

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)
Robert Benson

Mailing Address PO Box 91

City Minier State IL Zip Code 61759

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

Name of Employer Morton Community Bank Occupation Personal Banker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt 04 / 01 / 2008
Transaction ID: C1077733A
 Amount of Each Receipt this Period 100.00

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) ► 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 47 / 159
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A. Full Name (Last, First, Middle Initial)
Act Blue

Mailing Address 14 Arrow Street
Suite 11

City Cambridge State MA Zip Code 02138

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 12457.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	1	/	2	0	0	8

Transaction ID: C1077733AB

Amount of Each Receipt this Period
100.00

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)
Robert Benson

Mailing Address PO Box 91

City Minier State IL Zip Code 61759

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

Name of Employer Occupation
Morton Community Bank
Personal Banker

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt

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

Transaction ID: C1175078A

Amount of Each Receipt this Period
100.00

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)
Act Blue

Mailing Address 14 Arrow Street
Suite 11

City Cambridge State MA Zip Code 02138

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 12457.00

Date of Receipt

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

Transaction ID: C1175078AB

Amount of Each Receipt this Period
100.00

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) ► 100.00

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 48 / 159
(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)
Citizens for Callahan

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

Mailing Address PO Box 91

City State Zip Code
Minier IL 61759

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

Name of Employer Occupation
Morton Community Bank Personal Banker

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

300.00

Date of Receipt
MM / DD / YYYY
06 / 01 / 2008

Transaction ID: C1270711A

Amount of Each Receipt this Period
100.00

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)
Act Blue

Mailing Address 14 Arrow Street
Suite 11

City State Zip Code
Cambridge MA 02138

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation
Conduit total listed in Agg. field

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

12457.00

Date of Receipt
MM / DD / YYYY
06 / 01 / 2008

Transaction ID: C1270711AB

Amount of Each Receipt this Period
100.00

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)
Cheri Bustos

Mailing Address 2144 10th St. Place

City State Zip Code
East Moline IL 61244

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

Name of Employer Occupation
Iowa Health System Communications

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

250.00

Date of Receipt
MM / DD / YYYY
05 / 07 / 2008

Transaction ID: C1176718A

Amount of Each Receipt this Period
150.00

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) ▶ **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 / 159
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A. Full Name (Last, First, Middle Initial)
Act Blue

Mailing Address 14 Arrow Street
Suite 11

City Cambridge State MA Zip Code 02138

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 12457.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	4	/	2	0	0	8

Transaction ID: C1176718AB

Amount of Each Receipt this Period
150.00

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)
Gayle Carrillo

Mailing Address 4114 S. Pointe Drive

City Mapleton State IL Zip Code 61547

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

Name of Employer Occupation
Liberty Mutual Claims Adjuster

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	0	8

Transaction ID: C1285211A

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)
Act Blue

Mailing Address 14 Arrow Street
Suite 11

City Cambridge State MA Zip Code 02138

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 12457.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	0	8

Transaction ID: C1285211AB

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 50 / 159
(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)
Citizens for Callahan

A.

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

Mailing Address 1002 Turnberry Circle

City State Zip Code
Louisville CO 80027

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

Name of Employer Occupation
Merial, Ltd. Director

Receipt For: 2008 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)

* Earmarked Contribution: See Below

B.

Full Name (Last, First, Middle Initial)
Act Blue

Mailing Address 14 Arrow Street Suite 11

City State Zip Code
Cambridge MA 02138

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2008 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)

[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

C.

Full Name (Last, First, Middle Initial)
Christie Hefner

Mailing Address 2800 N. Lake Shore Drive Apartment 4201

City State Zip Code
Chicago IL 60657

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

Name of Employer Occupation
Playboy Enterprises, Inc. Chairman & CEO

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

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 51 / 159
(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)
Citizens for Callahan

A.

Full Name (Last, First, Middle Initial)
Act Blue

Mailing Address 14 Arrow Street
Suite 11

City Cambridge State MA Zip Code 02138

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 12457.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 6 / 2 0 0 8

Transaction ID: C1269531AB

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)
Richard Hull

Mailing Address 25025 S. Lakeway Drive

City Sun Lakes State AZ Zip Code 85248

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

Name of Employer none Occupation
not employed

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: C1285209A

Amount of Each Receipt this Period
400.00

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)
Act Blue

Mailing Address 14 Arrow Street
Suite 11

City Cambridge State MA Zip Code 02138

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 12457.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: C1285209AB

Amount of Each Receipt this Period
400.00

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) ► 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 52 / 159
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

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

Mailing Address 12507 N Hickory Grove Rd

City Dunlap State IL Zip Code 61525

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

Name of Employer retired Occupation retired

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

Amount of Each Receipt this Period: 100.00

Transaction ID: C1271357A

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)
Act Blue

Mailing Address 14 Arrow Street Suite 11

City Cambridge State MA Zip Code 02138

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation Conduit total listed in Agg. field

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

Amount of Each Receipt this Period: 100.00

Transaction ID: C1271357AB

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)
James McClure

Mailing Address 12507 N Hickory Grove Rd

City Dunlap State IL Zip Code 61525

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

Name of Employer retired Occupation retired

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

Amount of Each Receipt this Period: 100.00

Transaction ID: C1283191A

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) ► **200.00**

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 / 159
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A. Full Name (Last, First, Middle Initial)
Act Blue

Mailing Address 14 Arrow Street
Suite 11

City Cambridge State MA Zip Code 02138

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 12457.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	7	/	2	0	0	8

Transaction ID: C1283191AB

Amount of Each Receipt this Period
100.00

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)
Athanasios Mihalakas

Mailing Address 4016 5th st NW

City Washington State DC Zip Code 20011

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

Name of Employer Occupation
US China Commission Policy Analyst

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	0	8

Transaction ID: C1285215A

Amount of Each Receipt this Period
2300.00

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)
Act Blue

Mailing Address 14 Arrow Street
Suite 11

City Cambridge State MA Zip Code 02138

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 12457.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	0	8

Transaction ID: C1285215AB

Amount of Each Receipt this Period
2300.00

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) ► **2300.00**

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 / 159
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

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

Mailing Address 1412 Tripp Zack Pointe

City Pekin State IL Zip Code 61554

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

Name of Employer Aventine Renewable Energy Holdings, Inc Occupation President & CEO

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

Amount of Each Receipt this Period: 1000.00

Date of Receipt: 06 / 30 / 2008

Transaction ID: C1285213A

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)
Act Blue

Mailing Address 14 Arrow Street Suite 11

City Cambridge State MA Zip Code 02138

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation Conduit total listed in Agg. field

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

Amount of Each Receipt this Period: 12457.00

Date of Receipt: 06 / 30 / 2008

Transaction ID: C1285213AB

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)
wade nelson

Mailing Address 941 bonnie brae

City river forest State IL Zip Code 60305

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

Name of Employer city of chicago Occupation government

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

Amount of Each Receipt this Period: 200.00

Date of Receipt: 04 / 30 / 2008

Transaction ID: C1175077A

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) ► **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 55 / 159
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A. Full Name (Last, First, Middle Initial)
Act Blue

Mailing Address 14 Arrow Street
Suite 11

City Cambridge State MA Zip Code 02138

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 12457.00

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

Transaction ID: C1175077AB

Amount of Each Receipt this Period
200.00

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)
Gayla Potts

Mailing Address 1519 Knox Highway 15

City Dahinda State IL Zip Code 61428

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

Name of Employer Occupation
Whitney & Potts, Ltd. Attorney

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 6 / 2 0 0 8

Transaction ID: C1128423A

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

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

Mailing Address 14 Arrow Street
Suite 11

City Cambridge State MA Zip Code 02138

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 12457.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 7 / 2 0 0 8

Transaction ID: C1128423AB

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.

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 56 / 159
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A. Full Name (Last, First, Middle Initial)
Art Remsik

Mailing Address 1054 Tall Oaks Ct

City State Zip Code
Bartonville IL 61607

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

Name of Employer Occupation
US DOT / FAA Air Traffic Controller

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

Amount of Each Receipt this Period: 50.00

Transaction ID: C1270708A

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)
Act Blue

Mailing Address 14 Arrow Street Suite 11

City State Zip Code
Cambridge MA 02138

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation
Conduit total listed in Agg. field

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

Amount of Each Receipt this Period: 50.00

Transaction ID: C1270708AB

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)
Art Remsik

Mailing Address 1054 Tall Oaks Ct

City State Zip Code
Bartonville IL 61607

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

Name of Employer Occupation
US DOT / FAA Air Traffic Controller

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

Amount of Each Receipt this Period: 200.00

Transaction ID: C1278981A

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) ▶ **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 57 / 159
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A. Full Name (Last, First, Middle Initial)
Act Blue

Mailing Address 14 Arrow Street
Suite 11

City State Zip Code
Cambridge MA 02138

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 12457.00

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

Transaction ID: C1278981AB

Amount of Each Receipt this Period
200.00

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)
Charles Smith

Mailing Address 2345 Crystal Dr
Suite 300

City State Zip Code
Arlington VA 22202

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

Name of Employer Occupation
PMA Group Government Relations

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

Transaction ID: C1176715A

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)
Act Blue

Mailing Address 14 Arrow Street
Suite 11

City State Zip Code
Cambridge MA 02138

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 12457.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 1 4 / 2 0 0 8

Transaction ID: C1176715AB

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 58 / 159
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A. Full Name (Last, First, Middle Initial)
charles c. smith

Mailing Address 4021 vacation lane

City arlington State VA Zip Code 22207

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

Name of Employer THE PMA GROUP Occupation consultant

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt 06 / 09 / 2008

Transaction ID: C1278971A

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

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

Mailing Address 14 Arrow Street Suite 11

City Cambridge State MA Zip Code 02138

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 12457.00

Date of Receipt 06 / 15 / 2008

Transaction ID: C1278971AB

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.

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

Mailing Address 854 W Belden Ave

City Chicago State IL Zip Code 60614

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

Name of Employer Self Occupation Consultant

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 06 / 19 / 2008

Transaction ID: C1278977A

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) ► 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 59 / 159	
	(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)
Citizens for Callahan

A.

Full Name (Last, First, Middle Initial) Act Blue		Date of Receipt
Mailing Address 14 Arrow Street Suite 11		<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 6 / 2 2 / 2 0 0 8
City	State	Zip Code
Cambridge	MA	02138
FEC ID number of contributing federal political committee.		Transaction ID: C1278977AB
C C00401224		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: 2008	Election Cycle-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	12457.00	

SUBTOTAL of Receipts This Page (optional)	0.00
TOTAL This Period (last page this line number only)	68963.24

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

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

FOR LINE NUMBER: PAGE 60 / 159
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A. Full Name (Last, First, Middle Initial)
Cass County Democratic Committee

Mailing Address Cass county

City State Zip Code
peoria IL 61615

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	0	/	2	0	0	8

Transaction ID: C1171114

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)
Citizens for Granberg

Mailing Address P.O. Box 351

City State Zip Code
Breese IL 62230

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt

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

Transaction ID: C1270124

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)
Citizens for Selinger

Mailing Address 2570 Miami Trail

City State Zip Code
Springfield IL 62702

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	1	/	2	0	0	8

Transaction ID: C1121121

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: (check only one)	PAGE 61 / 159
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A.	Full Name (Last, First, Middle Initial) Community Bankers Association of Illinois FEDPAC		Date of Receipt
	Mailing Address 901 Community Drive		<input type="checkbox"/> M M / <input type="checkbox"/> D D / <input type="checkbox"/> Y Y Y Y Y 0 5 / 3 0 / 2 0 0 8
	City	State	Zip Code
	Springfield	IL	62703
	FEC ID number of contributing federal political committee.		Transaction ID: C1269528
C C00291914		Amount of Each Receipt this Period	500.00
Name of Employer		Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008		Election Cycle-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	500.00		

B.	Full Name (Last, First, Middle Initial) Costello for Congress		Date of Receipt
	Mailing Address P.O. Box 8250		<input type="checkbox"/> M M / <input type="checkbox"/> D D / <input type="checkbox"/> Y Y Y Y Y 0 4 / 0 7 / 2 0 0 8
	City	State	Zip Code
	Belleville	IL	62222-8250
	FEC ID number of contributing federal political committee.		Transaction ID: C1101771
C C00238444		Amount of Each Receipt this Period	2000.00
Name of Employer		Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008		Election Cycle-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2000.00		

C.	Full Name (Last, First, Middle Initial) Croplife America Political Action Committee		Date of Receipt
	Mailing Address 1156 15th St NW Ste 400		<input type="checkbox"/> M M / <input type="checkbox"/> D D / <input type="checkbox"/> Y Y Y Y Y 0 5 / 0 6 / 2 0 0 8
	City	State	Zip Code
	Washington	DC	20005-1752
	FEC ID number of contributing federal political committee.		Transaction ID: C1175250
C C00248849		Amount of Each Receipt this Period	1000.00
Name of Employer		Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008		Election Cycle-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	1000.00		

SUBTOTAL of Receipts This Page (optional)	▶	3500.00
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 62 / 159
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A. Full Name (Last, First, Middle Initial)
DOW Chemical Agricultural Executive PAC
Mailing Address 9330 Zionsville Rd
City Indianapolis State IN Zip Code 46268-1053
FEC ID number of contributing federal political committee. **C** C00074096
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt 05 / 11 / 2008
Transaction ID: C1175833
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 George P Shadid
Mailing Address 114 State St Ste 3
City Peoria State IL Zip Code 61602-5108
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt 05 / 14 / 2008
Transaction ID: C1176679
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)
Hanson Professional Services Inc PAC
Mailing Address 1525 S 6th Street
City Springfield State IL Zip Code 62701
FEC ID number of contributing federal political committee. **C** C00406124
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 250.00
Date of Receipt 05 / 26 / 2008
Transaction ID: C1182241
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) ► 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 63 / 159

(check only one)

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

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A.

Full Name (Last, First, Middle Initial)
I.B.E.W.-C.O.P.E.

Mailing Address 900 7th St NW

City State Zip Code
Washington DC 20001-3720

FEC ID number of contributing federal political committee. **C** C00027342

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 6 / 2 0 0 8

Transaction ID: C1173284

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)
I.B.E.W.-C.O.P.E.

Mailing Address 900 7th St NW

City State Zip Code
Washington DC 20001-3720

FEC ID number of contributing federal political committee. **C** C00027342

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 8

Transaction ID: C1176536

Amount of Each Receipt this Period

1250.00

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

C.

Full Name (Last, First, Middle Initial)
Illinois National Bank PAC

Mailing Address 322 E Capitol Ave

City State Zip Code
Springfield IL 62701

FEC ID number of contributing federal political committee. **C** C00139568

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 6 / 2 0 0 8

Transaction ID: C1182228

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) ▶

3500.00

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 / 159
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A. Full Name (Last, First, Middle Initial)
John J Cullerton Federal Committee

Mailing Address 4004 Old Mill Lane

City State Zip Code
Springfield IL 62711

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2008

Transaction ID: C1273414

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)
Laborers International Union of North America Loca

Mailing Address 4509 N Catalina Dr

City State Zip Code
Peoria IL 61615-3801

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 11 / 2008

Transaction ID: C1175834

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)
Midwest Region Laborers' Political League

Mailing Address 117 South 5th Street
Suite 720

City State Zip Code
Springfield IL 62701

FEC ID number of contributing federal political committee. **C** C00342907

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 26 / 2008

Transaction ID: C1182237

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) ► **6250.00**

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 / 159
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A. Full Name (Last, First, Middle Initial)
Morgan County Democratic Committee

Mailing Address 806 W College

City State Zip Code
Jacksonville IL 62650

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
608.94

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

Transaction ID: C1286880

Amount of Each Receipt this Period
119.66

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

* In-Kind: Invitation expenses for fund raiser

B. Full Name (Last, First, Middle Initial)
Morgan County Democratic Committee

Mailing Address 806 W College

City State Zip Code
Jacksonville IL 62650

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
608.94

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

Transaction ID: C1286881

Amount of Each Receipt this Period
489.28

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

* In-Kind: Food expenses for fund raiser

C. Full Name (Last, First, Middle Initial)
Peoria County Democratic Central Committee

Mailing Address 400 NE Jefferson Ave

City State Zip Code
Peoria IL 61602

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

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

Transaction ID: C1280414

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) ► **1608.94**

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 / 159
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A. Full Name (Last, First, Middle Initial)
Peoria County Democratic Women
 Mailing Address 1825 E Maple Ridge Drive
 City Peoria State IL Zip Code 61614
 Date of Receipt 06 / 23 / 2008
 Transaction ID: C1278956
 Amount of Each Receipt this Period 500.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Occupation
 Receipt For: 2008 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)

B. Full Name (Last, First, Middle Initial)
Plasterers' & Cement Masons' PAC
 Mailing Address 11720 Beltsville Drive
 City Beltsville State MD Zip Code 20705
 Date of Receipt 06 / 02 / 2008
 Transaction ID: C1270153
 Amount of Each Receipt this Period 250.00
 FEC ID number of contributing federal political committee. C C00134742
 Name of Employer Occupation
 Receipt For: 2008 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)

C. Full Name (Last, First, Middle Initial)
PORK PAC
 Mailing Address PO Box 10383
 City Des Moines State IA Zip Code 50306-0383
 Date of Receipt 05 / 18 / 2008
 Transaction ID: C1178819
 Amount of Each Receipt this Period 1000.00
 FEC ID number of contributing federal political committee. C C00201871
 Name of Employer Occupation
 Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 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 67 / 159
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A. Full Name (Last, First, Middle Initial)
Schakowsky for Congress
Mailing Address P.O. Box 5130
City State Zip Code
Evanston IL 60204
FEC ID number of contributing federal political committee. **C** C00327023
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 6 / 2 0 0 8
Transaction ID: C1175255
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)
Schuyler County Democratic Committee
Mailing Address 1 Main Street
City State Zip Code
Rushville IL 62681
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt
M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 0 8
Transaction ID: C1272396
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)
Scott County Democratic Committee
Mailing Address 1247 Clay Hollow Lane
City State Zip Code
Winchester IL 62694
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 50.00
Date of Receipt
M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 8
Transaction ID: C1176506
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) ► 2050.00
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 / 159
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A. Full Name (Last, First, Middle Initial)
Tazwell County Democratic Committee

Mailing Address P.O. Box 34

City State Zip Code
Pekin IL 61555

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 3 0 / 2 0 0 8

Transaction ID: C1283082

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)
The National Leadership PAC

Mailing Address P.O. Box 5577
Manhattanville Station

City State Zip Code
New York NY 10027

FEC ID number of contributing federal political committee. **C** C00302588

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 3 0 / 2 0 0 8

Transaction ID: C1285552

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)
U.S. Political Education Committee

Mailing Address 901 Massachusetts Ave NW

City State Zip Code
Washington DC 20001-4307

FEC ID number of contributing federal political committee. **C** C00012476

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 5 / 2 6 / 2 0 0 8

Transaction ID: C1182236

Amount of Each Receipt this Period
2500.00

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

SUBTOTAL of Receipts This Page (optional) ► **5500.00**

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 69 / 159
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A. Full Name (Last, First, Middle Initial)
UAW V CAP

Mailing Address 8000 East Jefferson Avenue

City State Zip Code
Detroit MI 48214-3963

FEC ID number of contributing federal political committee. **C** C00002840

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

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

Transaction ID: C1121411

Amount of Each Receipt this Period
5000.00

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

B. Full Name (Last, First, Middle Initial)
Woodford County Democratic Central Committee

Mailing Address 107 E Broad Street

City State Zip Code
Roanoke IL 61561

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

Transaction ID: C1270169

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) ► 5500.00

TOTAL This Period (last page this line number only) ► 33158.94

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

<p>A.</p> <p>Full Name (Last, First, Middle Initial) 3rd Coast Research</p> <p>Mailing Address 300 N State Street # 4705</p> <p>City Chicago State IL Zip Code 60610</p> <p>Purpose of Disbursement Research</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D121733</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3000.00"/></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) 3rd Coast Research</p> <p>Mailing Address 300 N State Street # 4705</p> <p>City Chicago State IL Zip Code 60610</p> <p>Purpose of Disbursement Research</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D171235</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3000.00"/></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) 3rd Coast Research</p> <p>Mailing Address 300 N State Street # 4705</p> <p>City Chicago State IL Zip Code 60610</p> <p>Purpose of Disbursement Research</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D171244</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="207.57"/></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)	<input type="text" value="6207.57"/>
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

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Act Blue</p> <p>Mailing Address 14 Arrow Street Suite 11</p> <p>City Cambridge State MA Zip Code 02138</p> <p>Purpose of Disbursement Credit Card Service Processing Fee</p> <p>Candidate Name Act Blue</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D171918</p> <p>Date of Disbursement 04 / 06 / 2008</p> <p>Amount of Each Disbursement this Period 16.80</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) Act Blue</p> <p>Mailing Address 14 Arrow Street Suite 11</p> <p>City Cambridge State MA Zip Code 02138</p> <p>Purpose of Disbursement Credit Card Service Processing Fee</p> <p>Candidate Name Act Blue</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D171919</p> <p>Date of Disbursement 04 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 12.85</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) Act Blue</p> <p>Mailing Address 14 Arrow Street Suite 11</p> <p>City Cambridge State MA Zip Code 02138</p> <p>Purpose of Disbursement Credit Card Service Processing Fee</p> <p>Candidate Name Act Blue</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D171920</p> <p>Date of Disbursement 05 / 04 / 2008</p> <p>Amount of Each Disbursement this Period 20.74</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) ▶

50.39

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A.	Full Name (Last, First, Middle Initial) Act Blue	Transaction ID: D171921 Date of Disbursement 05 / 11 / 2008
	Mailing Address 14 Arrow Street Suite 11	Amount of Each Disbursement this Period 35.36
	City Cambridge State MA Zip Code 02138	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Credit Card Service Processing Fee	
	Candidate Name Act Blue	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Act Blue	Transaction ID: D171922 Date of Disbursement 05 / 18 / 2008
	Mailing Address 14 Arrow Street Suite 11	Amount of Each Disbursement this Period 19.75
	City Cambridge State MA Zip Code 02138	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Credit Card Service Processing Fee	
	Candidate Name Act Blue	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Act Blue	Transaction ID: D171923 Date of Disbursement 05 / 26 / 2008
	Mailing Address 14 Arrow Street Suite 11	Amount of Each Disbursement this Period 8.89
	City Cambridge State MA Zip Code 02138	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Credit Card Service Processing Fee	
	Candidate Name Act Blue	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	64.00
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

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A.	Full Name (Last, First, Middle Initial) Act Blue	Transaction ID: D171924 Date of Disbursement 06 / 01 / 2008
	Mailing Address 14 Arrow Street Suite 11	Amount of Each Disbursement this Period 13.84
	City Cambridge State MA Zip Code 02138	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Credit Card Service Processing Fee	
	Candidate Name Act Blue	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Act Blue	Transaction ID: D171925 Date of Disbursement 06 / 08 / 2008
	Mailing Address 14 Arrow Street Suite 11	Amount of Each Disbursement this Period 8.31
	City Cambridge State MA Zip Code 02138	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Credit Card Service Processing Fee	
	Candidate Name Act Blue	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Act Blue	Transaction ID: D171926 Date of Disbursement 06 / 15 / 2008
	Mailing Address 14 Arrow Street Suite 11	Amount of Each Disbursement this Period 45.43
	City Cambridge State MA Zip Code 02138	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Credit Card Service Processing Fee	
	Candidate Name Act Blue	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	67.58
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

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A.	Full Name (Last, First, Middle Initial) Act Blue	Transaction ID: D171927 Date of Disbursement 06 / 22 / 2008
	Mailing Address 14 Arrow Street Suite 11	Amount of Each Disbursement this Period 97.87
	City Cambridge State MA Zip Code 02138	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Credit Card Service Processing Fee Candidate Name Act Blue Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

B.	Full Name (Last, First, Middle Initial) Act Blue	Transaction ID: D172384 Date of Disbursement 06 / 30 / 2008
	Mailing Address 14 Arrow Street Suite 11	Amount of Each Disbursement this Period 175.78
	City Cambridge State MA Zip Code 02138	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Credit Card Service Processing Fee Candidate Name Act Blue Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

C.	Full Name (Last, First, Middle Initial) AT&T Mobility	Transaction ID: D171245 Date of Disbursement 05 / 14 / 2008
	Mailing Address P.O. Box 6428	Amount of Each Disbursement this Period 863.66
	City Carol Stream State IL Zip Code 60197	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Phone Bill Candidate Name Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

SUBTOTAL of Disbursements This Page (optional) ▶

1137.31

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

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

<p>A. Full Name (Last, First, Middle Initial) Efstratios Cavros</p> <p>Mailing Address 120 East Oakland Park Blvd</p> <p>City Fort Lauderdale State FL Zip Code 33334</p> <p>Purpose of Disbursement Financial Consulting Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D171916 Date of Disbursement 06 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 3667.00</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) Charleston Orwig</p> <p>Mailing Address 515 W. North Shore Dr.</p> <p>City Hartland State WI Zip Code 53029</p> <p>Purpose of Disbursement Website</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D171247 Date of Disbursement 05 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 4000.00</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) Chase Auto Financial</p> <p>Mailing Address P.O. Box 901076</p> <p>City Fort Worth State TX Zip Code 76101-2076</p> <p>Purpose of Disbursement Auto Lease Payment</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D171251 Date of Disbursement 05 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 495.50</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) ▶

8162.50

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

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A.	Full Name (Last, First, Middle Initial) Chase Auto Financial Mailing Address P.O. Box 901076 City Fort Worth State TX Zip Code 76101-2076 Purpose of Disbursement Auto Lease Payment Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D171240 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 0 8 Amount of Each Disbursement this Period 391.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Democratic County Chairman's Association Mailing Address P.O. Box 3445 City Springfield State IL Zip Code 62708 Purpose of Disbursement Fundraiser Candidate Name Democratic County Chairman's Association Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D171234 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 8 Amount of Each Disbursement this Period 1500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Jay H. Janssen Mailing Address 333 Main St City Peoria State IL Zip Code 61602-1303 Purpose of Disbursement Expenses for Fundraiser Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D172753 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 5 / 2 0 0 8 Amount of Each Disbursement this Period 600.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 * in-kind received

SUBTOTAL of Disbursements This Page (optional)	2491.00
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

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A.	Full Name (Last, First, Middle Initial) Daniel Kelly Mailing Address 1011 Brookforest Dr City Peoria State IL Zip Code 61615 Purpose of Disbursement Financial Consulting Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D171256 Date of Disbursement 06 / 02 / 2008 Amount of Each Disbursement this Period 4000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) La Ville de Maillet LLC Mailing Address 820 SW Adams City Peoria State IL Zip Code 61602 Purpose of Disbursement Rent Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D171255 Date of Disbursement 06 / 02 / 2008 Amount of Each Disbursement this Period 875.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) La Ville de Maillet LLC Mailing Address 820 SW Adams City Peoria State IL Zip Code 61602 Purpose of Disbursement Rent Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D171239 Date of Disbursement 05 / 06 / 2008 Amount of Each Disbursement this Period 875.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

5750.00

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

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A.

Full Name (Last, First, Middle Initial)
La Ville de Maillet LLC

Mailing Address 820 SW Adams

City Peoria State IL Zip Code 61602

Purpose of Disbursement
Rent

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General Other (specify) ▼

State: District:

Transaction ID: D121736
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	0	8

Amount of Each Disbursement this Period

500.00

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

B.

Full Name (Last, First, Middle Initial)
Leonard A. Unes Printing Company

Mailing Address 619 Spring

City Peoria State IL Zip Code 61603

Purpose of Disbursement
Printing

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General Other (specify) ▼

State: District:

Transaction ID: D121737
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	0	8

Amount of Each Disbursement this Period

419.00

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

C.

Full Name (Last, First, Middle Initial)
Leonard A. Unes Printing Company

Mailing Address 619 Spring

City Peoria State IL Zip Code 61603

Purpose of Disbursement
Printing

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General Other (specify) ▼

State: District:

Transaction ID: D171243
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	6		2	0	0	8

Amount of Each Disbursement this Period

2150.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

3069.00

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

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A.	Full Name (Last, First, Middle Initial) Lisa Murphy Web Design <hr/> Mailing Address 314 N. Kickapoo Terrace <hr/> City Peoria State IL Zip Code 61604 <hr/> Purpose of Disbursement Website Maintenance Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D171242 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 230.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Mia Phifer & Associates <hr/> Mailing Address 535 N Michigan Ave Suite 1504 <hr/> City Chicago State IL Zip Code 60610 <hr/> Purpose of Disbursement Fundraising Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D171249 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 8 <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
C.	Full Name (Last, First, Middle Initial) Mia Phifer & Associates <hr/> Mailing Address 535 N Michigan Ave Suite 1504 <hr/> City Chicago State IL Zip Code 60610 <hr/> Purpose of Disbursement Fundraising Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D121732 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 3000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	5230.00
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 checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A.	Full Name (Last, First, Middle Initial) Mia Phifer & Associates	Transaction ID: D171238 Date of Disbursement 05 / 06 / 2008
	Mailing Address 535 N Michigan Ave Suite 1504	Amount of Each Disbursement this Period 4000.00
	City Chicago State IL Zip Code 60610	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Fundraising Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Mia Phifer & Associates	Transaction ID: D154191 Date of Disbursement 04 / 14 / 2008
	Mailing Address 535 N Michigan Ave Suite 1504	Amount of Each Disbursement this Period 2500.00
	City Chicago State IL Zip Code 60610	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Fundraising Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Mia Phifer & Associates	Transaction ID: D171261 Date of Disbursement 06 / 16 / 2008
	Mailing Address 535 N Michigan Ave Suite 1504	Amount of Each Disbursement this Period 2000.00
	City Chicago State IL Zip Code 60610	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Fundraising Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	8500.00
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

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A.

Full Name (Last, First, Middle Initial)
Miller and Company

Mailing Address P.O. Box 119

City State Zip Code
Tremont IL 61568

Purpose of Disbursement
Advertising-Video

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D154190
Date of Disbursement

04 / 08 / 2008

Amount of Each Disbursement this Period

775.00

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

B.

Full Name (Last, First, Middle Initial)
Morgan County Democratic Committee

Mailing Address 806 W College

City State Zip Code
Jacksonville IL 62650

Purpose of Disbursement
Invitation expenses for fund raiser

Candidate Name
Morgan County Democratic Committee

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D173401
Date of Disbursement

06 / 12 / 2008

Amount of Each Disbursement this Period

119.66

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

* in-kind received

C.

Full Name (Last, First, Middle Initial)
Morgan County Democratic Committee

Mailing Address 806 W College

City State Zip Code
Jacksonville IL 62650

Purpose of Disbursement
Food expenses for fund raiser

Candidate Name
Morgan County Democratic Committee

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D173402
Date of Disbursement

06 / 12 / 2008

Amount of Each Disbursement this Period

489.28

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

* in-kind received

SUBTOTAL of Disbursements This Page (optional)

1383.94

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

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A.

Full Name (Last, First, Middle Initial)
Dustin Morrison

Mailing Address 814 Birch

City Collinsville State IL Zip Code 62234

Purpose of Disbursement
Business Consulting Fee
Candidate Name

Category/
Type

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

Transaction ID: D171915
Date of Disbursement

06 / 18 / 2008

Amount of Each Disbursement this Period

1075.00

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

B.

Full Name (Last, First, Middle Initial)
NGP Software Inc

Mailing Address 1225 Eye Street, NW Suite 1225

City Washington State DC Zip Code 20005

Purpose of Disbursement
Software Rental Fee
Candidate Name

Category/
Type

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

Transaction ID: D171250
Date of Disbursement

05 / 29 / 2008

Amount of Each Disbursement this Period

1650.00

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

C.

Full Name (Last, First, Middle Initial)
Patrick 411

Mailing Address 1925 W Barker Ave

City Peoria State IL Zip Code 61604

Purpose of Disbursement
Phone Installation
Candidate Name

Category/
Type

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

Transaction ID: D121739
Date of Disbursement

04 / 03 / 2008

Amount of Each Disbursement this Period

130.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

2855.00

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

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A.

Full Name (Last, First, Middle Initial)
Patrick 411

Mailing Address 1925 W Barker Ave

City Peoria State IL Zip Code 61604

Purpose of Disbursement
Phone Installation

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D171241
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	6		2	0	0	8

Amount of Each Disbursement this Period

170.00

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

B.

Full Name (Last, First, Middle Initial)
Mr. Sharbel Rantisi

Mailing Address 2807 Briarcliffe Lane

City Peoria State IL Zip Code 61604

Purpose of Disbursement
Management Consulting Fee

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D171236
Date of Disbursement

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

Amount of Each Disbursement this Period

2000.00

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

C.

Full Name (Last, First, Middle Initial)
Mr. Sharbel Rantisi

Mailing Address 2807 Briarcliffe Lane

City Peoria State IL Zip Code 61604

Purpose of Disbursement
Management Consulting Fee

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D121734
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	0	8

Amount of Each Disbursement this Period

2000.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

4170.00

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

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

<p>A. Full Name (Last, First, Middle Initial) Mr. Sharbel Rantisi</p> <p>Mailing Address 2807 Briarcliffe Lane</p> <p>City Peoria State IL Zip Code 61604</p> <p>Purpose of Disbursement Management Consulting Fee</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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D171253</p> <p>Date of Disbursement 06 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Lori Reynolds</p> <p>Mailing Address 526 S. Byron Ct.</p> <p>City Peoria State IL Zip Code 61604</p> <p>Purpose of Disbursement Business Consulting Fee</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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D171911</p> <p>Date of Disbursement 05 / 06 / 2008</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>C. Full Name (Last, First, Middle Initial) Lori Reynolds</p> <p>Mailing Address 526 S. Byron Ct.</p> <p>City Peoria State IL Zip Code 61604</p> <p>Purpose of Disbursement Business Consulting Fee</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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D171912</p> <p>Date of Disbursement 06 / 01 / 2008</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>SUBTOTAL of Disbursements This Page (optional)</p>	<p>4000.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A.	Full Name (Last, First, Middle Initial) Sam Joseph Specialities Mailing Address 4926 N University City Peoria State IL Zip Code 61614 Purpose of Disbursement Printing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D171252 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 8 Amount of Each Disbursement this Period 526.23 <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 Joseph Specialities Mailing Address 4926 N University City Peoria State IL Zip Code 61614 Purpose of Disbursement Printing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D121738 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 8 Amount of Each Disbursement this Period 1138.05 <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 Joseph Specialities Mailing Address 4926 N University City Peoria State IL Zip Code 61614 Purpose of Disbursement Discount given Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D172219 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 8 Amount of Each Disbursement this Period 60.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 * in-kind received

SUBTOTAL of Disbursements This Page (optional) ▶

1724.28

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

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A.

Full Name (Last, First, Middle Initial)
Sam Joseph Specialities

Transaction ID: D172220
Date of Disbursement

Mailing Address 4926 N University

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	0	8

City Peoria State IL Zip Code 61614

Amount of Each Disbursement this Period

98.25

Purpose of Disbursement
Discount Given
Candidate Name

Category/
Type

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

Office Sought: House Senate President
State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

* in-kind received

B.

Full Name (Last, First, Middle Initial)
Sangamo Club

Transaction ID: D171246
Date of Disbursement

Mailing Address 227 E Adams St

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

City Springfield State IL Zip Code 62701

Amount of Each Disbursement this Period

1543.27

Purpose of Disbursement
Fundraiser- Meals
Candidate Name

Category/
Type

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

Office Sought: House Senate President
State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

C.

Full Name (Last, First, Middle Initial)
Schakowsky for Congress

Transaction ID: D121740
Date of Disbursement

Mailing Address P.O. Box 5130

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	4		2	0	0	8

City Evanston State IL Zip Code 60204

Amount of Each Disbursement this Period

300.00

Purpose of Disbursement
dinner/fundraiser
Candidate Name
Janice D Schakowsky

Category/
Type

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

Office Sought: House Senate President
State: IL District: 09

Disbursement For: 2008
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

1941.52

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

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A.

Full Name (Last, First, Middle Initial)
DeAnna J. Schertz

Mailing Address 106 Heritage Lane

City Delavan State IL Zip Code 61734

Purpose of Disbursement
Business Consulting Fee
Candidate Name

Category/
Type

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

Transaction ID: D171909
Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

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

B.

Full Name (Last, First, Middle Initial)
DeAnna J. Schertz

Mailing Address 106 Heritage Lane

City Delavan State IL Zip Code 61734

Purpose of Disbursement
Business Consulting Fee
Candidate Name

Category/
Type

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

Transaction ID: D171910
Date of Disbursement

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

Amount of Each Disbursement this Period

500.00

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

C.

Full Name (Last, First, Middle Initial)
Leigh Ann Vanausdoll

Mailing Address 517 E. Monroe
Apt G

City Springfield State IL Zip Code 62701

Purpose of Disbursement
Management Consulting Fee
Candidate Name

Category/
Type

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

Transaction ID: D121735
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	0	8

Amount of Each Disbursement this Period

6000.00

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

SUBTOTAL of Disbursements This Page (optional)

7500.00

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

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A.	Full Name (Last, First, Middle Initial) Leigh Ann Vanausdoll	Transaction ID: D171237 Date of Disbursement 05 / 06 / 2008
	Mailing Address 517 E. Monroe Apt G City Springfield State IL Zip Code 62701 Purpose of Disbursement Management Consulting Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	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

B.	Full Name (Last, First, Middle Initial) Leigh Ann Vanausdoll	Transaction ID: D171254 Date of Disbursement 05 / 30 / 2008
	Mailing Address 517 E. Monroe Apt G City Springfield State IL Zip Code 62701 Purpose of Disbursement Management Consulting Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	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

C.	Full Name (Last, First, Middle Initial) Varsity Publications	Transaction ID: D171258 Date of Disbursement 06 / 05 / 2008
	Mailing Address P.O. 825 City Pekin State IL Zip Code 61555 Purpose of Disbursement Advertising Candidate Name Varsity Publications Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 220.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)	12220.00
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

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

<p>A. Full Name (Last, First, Middle Initial) Rocky Vonachen</p> <p>Mailing Address 6363 North State Highway 161</p> <p>City Peoria State IL Zip Code 61605</p> <p>Purpose of Disbursement Purchased tickets for fundraiser</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D172756 Date of Disbursement 05 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 300.00</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) Jay Vroom</p> <p>Mailing Address 1317 Titania Ln</p> <p>City Mc Lean State VA Zip Code 22102-2750</p> <p>Purpose of Disbursement Catering Expense for Fundraiser</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D172754 Date of Disbursement 05 / 06 / 2008</p> <p>Amount of Each Disbursement this Period 367.24</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) Jay Vroom</p> <p>Mailing Address 1317 Titania Ln</p> <p>City Mc Lean State VA Zip Code 22102-2750</p> <p>Purpose of Disbursement Room Rental exepnse for Fundraiser</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D172755 Date of Disbursement 05 / 06 / 2008</p> <p>Amount of Each Disbursement this Period 125.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>* in-kind received</p>

SUBTOTAL of Disbursements This Page (optional) ▶

792.24

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

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A.	Full Name (Last, First, Middle Initial) Visa	Transaction ID: D171231 Date of Disbursement 04 / 21 / 2008
	Mailing Address P.O. Box 4513	Amount of Each Disbursement this Period 63.97
	City Carol Stream State IL Zip Code 60197-4513	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Gasoline - Credit Card Payment Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Shell Oil	Transaction ID: D172256 Date of Disbursement 04 / 21 / 2008
	Mailing Address 2101 S Macarthur Blvd	Amount of Each Disbursement this Period 63.97
	City Springfield State IL Zip Code 62701	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Gasoline Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Colleen Callahan Communications	Transaction ID: D171233 Date of Disbursement 04 / 24 / 2008
	Mailing Address 9318 Old Towerline Road	Amount of Each Disbursement this Period 50.00
	City Edwards State IL Zip Code 61528	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Reimbursement - Airfare Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	113.97
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

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

<p>A. Full Name (Last, First, Middle Initial) American Airlines</p> <p>Mailing Address 4333 Amon Carter Boulevard</p> <p>City Fort Worth State TX Zip Code 76155</p> <p>Purpose of Disbursement Airfare</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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D172750</p> <p>Date of Disbursement MM / DD / YYYY 04 / 24 / 2008</p> <p>Amount of Each Disbursement this Period 50.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>B. Full Name (Last, First, Middle Initial) Colleen Callahan Communications</p> <p>Mailing Address 9318 Old Towerline Road</p> <p>City Edwards State IL Zip Code 61528</p> <p>Purpose of Disbursement Reimbursement Email Marketing</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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D171257</p> <p>Date of Disbursement MM / DD / YYYY 06 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 53.13</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) Colleen Callahan Communications</p> <p>Mailing Address 9318 Old Towerline Road</p> <p>City Edwards State IL Zip Code 61528</p> <p>Purpose of Disbursement Reimbursement - Travel</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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D171260</p> <p>Date of Disbursement MM / DD / YYYY 06 / 09 / 2008</p> <p>Amount of Each Disbursement this Period 467.04</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) ►

520.17

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

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A. Full Name (Last, First, Middle Initial) Holiday Inn Mailing Address 550 C STREET SW City Washington State DC Zip Code 20024 Purpose of Disbursement Hotel Stays Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D172739 Date of Disbursement 06 / 09 / 2008
	Amount of Each Disbursement this Period 467.04
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Category/Type

B. Full Name (Last, First, Middle Initial) Mr. Sharbel Rantisi Mailing Address 2807 Briarcliffe Lane City Peoria State IL Zip Code 61604 Purpose of Disbursement Reimbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D171917 Date of Disbursement 06 / 28 / 2008
	Amount of Each Disbursement this Period 320.00
	<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) The Joynt Mailing Address 650 N Dearborn City Chicago State IL Zip Code 60614 Purpose of Disbursement Room Rental Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D172735 Date of Disbursement 06 / 20 / 2008
	Amount of Each Disbursement this Period 320.00
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	320.00
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

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A.	Full Name (Last, First, Middle Initial) Visa	Transaction ID: D172234 Date of Disbursement 04 / 21 / 2008
	Mailing Address P.O. Box 4513	Amount of Each Disbursement this Period 16.19
	City Carol Stream State IL Zip Code 60197-4513	<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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Office Max	Transaction ID: D172258 Date of Disbursement 04 / 21 / 2008
	Mailing Address 4100 Willow Knolls	Amount of Each Disbursement this Period 16.19
	City Peoria State IL Zip Code 61615	<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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Visa	Transaction ID: D172235 Date of Disbursement 04 / 21 / 2008
	Mailing Address P.O. Box 4513	Amount of Each Disbursement this Period 45.00
	City Carol Stream State IL Zip Code 60197-4513	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Gasoline Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	61.19
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

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A.

Full Name (Last, First, Middle Initial)
Visa

Mailing Address P.O. Box 4513

City Carol Stream State IL Zip Code 60197-4513

Purpose of Disbursement
Gasoline

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D172236
Date of Disbursement

04 / 21 / 2008

Amount of Each Disbursement this Period

58.58

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

B.

Full Name (Last, First, Middle Initial)
Thortons

Mailing Address 2255 E Washington St

City East Peoria State IL Zip Code 61611

Purpose of Disbursement
Gasoline

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D172260
Date of Disbursement

04 / 21 / 2008

Amount of Each Disbursement this Period

58.58

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Visa

Mailing Address P.O. Box 4513

City Carol Stream State IL Zip Code 60197-4513

Purpose of Disbursement
Meals

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D172237
Date of Disbursement

04 / 21 / 2008

Amount of Each Disbursement this Period

24.44

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

SUBTOTAL of Disbursements This Page (optional)

83.02

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

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A.	Full Name (Last, First, Middle Initial) Visa	Transaction ID: D172238 Date of Disbursement 04 / 21 / 2008
	Mailing Address P.O. Box 4513	Amount of Each Disbursement this Period 43.23
	City Carol Stream State IL Zip Code 60197-4513	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Gasoline Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Shell Oil	Transaction ID: D172262 Date of Disbursement 04 / 21 / 2008
	Mailing Address 2101 S Macarthur Blvd	Amount of Each Disbursement this Period 43.23
	City Springfield State IL Zip Code 62701	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Gasoline Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Visa	Transaction ID: D172239 Date of Disbursement 04 / 21 / 2008
	Mailing Address P.O. Box 4513	Amount of Each Disbursement this Period 450.00
	City Carol Stream State IL Zip Code 60197-4513	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Cell Phones Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	493.23
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

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A.	Full Name (Last, First, Middle Initial) AT&T Mobility	Transaction ID: D172263 Date of Disbursement 04 / 21 / 2008
	Mailing Address P.O. Box 6428	Amount of Each Disbursement this Period 450.00
	City Carol Stream State IL Zip Code 60197	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Cell Phones	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Visa	Transaction ID: D172240 Date of Disbursement 04 / 21 / 2008
	Mailing Address P.O. Box 4513	Amount of Each Disbursement this Period 76.93
	City Carol Stream State IL Zip Code 60197-4513	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Hotel Stay	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Visa	Transaction ID: D172241 Date of Disbursement 04 / 21 / 2008
	Mailing Address P.O. Box 4513	Amount of Each Disbursement this Period 76.93
	City Carol Stream State IL Zip Code 60197-4513	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Hotel Stays	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	153.86
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A.	Full Name (Last, First, Middle Initial) Visa	Transaction ID: D172242 Date of Disbursement 04 / 21 / 2008
	Mailing Address P.O. Box 4513	Amount of Each Disbursement this Period 51.34
	City Carol Stream State IL Zip Code 60197-4513	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

B.	Full Name (Last, First, Middle Initial) Visa	Transaction ID: D172243 Date of Disbursement 04 / 21 / 2008
	Mailing Address P.O. Box 4513	Amount of Each Disbursement this Period 213.89
	City Carol Stream State IL Zip Code 60197-4513	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Paint for Headquarters Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

C.	Full Name (Last, First, Middle Initial) Lowe's Home Improvement	Transaction ID: D172267 Date of Disbursement 04 / 21 / 2008
	Mailing Address 501 N Big Hollow Rd	Amount of Each Disbursement this Period 213.89
	City Peoria State IL Zip Code 61615	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Paint for Headquarters Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	▶	265.23
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

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A.	Full Name (Last, First, Middle Initial) Visa	Transaction ID: D172244 Date of Disbursement 04 / 21 / 2008
	Mailing Address P.O. Box 4513	Amount of Each Disbursement this Period 165.00
	City Carol Stream State IL Zip Code 60197-4513	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Meals Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Visa	Transaction ID: D172245 Date of Disbursement 04 / 21 / 2008
	Mailing Address P.O. Box 4513	Amount of Each Disbursement this Period 47.23
	City Carol Stream State IL Zip Code 60197-4513	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Supplies Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Lowe's Home Improvement	Transaction ID: D172269 Date of Disbursement 04 / 21 / 2008
	Mailing Address 501 N Big Hollow Rd	Amount of Each Disbursement this Period 47.23
	City Peoria State IL Zip Code 61615	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Supplies Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	212.23
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

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A. Full Name (Last, First, Middle Initial) Visa Mailing Address P.O. Box 4513 City Carol Stream State IL Zip Code 60197-4513 Purpose of Disbursement Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D172246 Date of Disbursement 04 / 21 / 2008
	Amount of Each Disbursement this Period 46.62
	<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) Visa Mailing Address P.O. Box 4513 City Carol Stream State IL Zip Code 60197-4513 Purpose of Disbursement Gasoline Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D172247 Date of Disbursement 04 / 21 / 2008
	Amount of Each Disbursement this Period 49.50
	<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) Thortons Mailing Address 2255 E Washington St City East Peoria State IL Zip Code 61611 Purpose of Disbursement Gasoline Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D172272 Date of Disbursement 04 / 21 / 2008
	Amount of Each Disbursement this Period 49.50
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/Type

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

96.12

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

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

<p>A. Full Name (Last, First, Middle Initial) Visa</p> <p>Mailing Address P.O. Box 4513</p> <p>City Carol Stream State IL Zip Code 60197-4513</p> <p>Purpose of Disbursement 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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D172248 Date of Disbursement 04 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 21.91</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) Lowe's Home Improvement</p> <p>Mailing Address 501 N Big Hollow Rd</p> <p>City Peoria State IL Zip Code 61615</p> <p>Purpose of Disbursement 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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D172273 Date of Disbursement 04 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 21.91</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>C. Full Name (Last, First, Middle Initial) Visa</p> <p>Mailing Address P.O. Box 4513</p> <p>City Carol Stream State IL Zip Code 60197-4513</p> <p>Purpose of Disbursement Airfare</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D172249 Date of Disbursement 04 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 76.59</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) ▶

98.50

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

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A.	Full Name (Last, First, Middle Initial) Priceline.com Inc Mailing Address 800 Connecticut Ave City Norwalk State CT Zip Code 06854 Purpose of Disbursement Hotel Stays Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D172274 Date of Disbursement 04 / 21 / 2008 Amount of Each Disbursement this Period 76.59 <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) Visa Mailing Address P.O. Box 4513 City Carol Stream State IL Zip Code 60197-4513 Purpose of Disbursement Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D172250 Date of Disbursement 04 / 21 / 2008 Amount of Each Disbursement this Period 40.26 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Visa Mailing Address P.O. Box 4513 City Carol Stream State IL Zip Code 60197-4513 Purpose of Disbursement Hotel Stays Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D172251 Date of Disbursement 04 / 21 / 2008 Amount of Each Disbursement this Period 57.97 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	98.23
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 102 / 159

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

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A.	Full Name (Last, First, Middle Initial) Visa	Transaction ID: D172252 Date of Disbursement 04 / 21 / 2008
	Mailing Address P.O. Box 4513	Amount of Each Disbursement this Period 172.78
	City Carol Stream State IL Zip Code 60197-4513	<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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Visa	Transaction ID: D172253 Date of Disbursement 04 / 21 / 2008
	Mailing Address P.O. Box 4513	Amount of Each Disbursement this Period 63.37
	City Carol Stream State IL Zip Code 60197-4513	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Gasoline Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Visa	Transaction ID: D172254 Date of Disbursement 04 / 21 / 2008
	Mailing Address P.O. Box 4513	Amount of Each Disbursement this Period 61.42
	City Carol Stream State IL Zip Code 60197-4513	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Gasoline Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	297.57
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

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A.

Full Name (Last, First, Middle Initial)
Shell Oil

Mailing Address 2101 S Macarthur Blvd

City Springfield State IL Zip Code 62701

Purpose of Disbursement
Gasoline

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D172257
Date of Disbursement

04 / 21 / 2008

Amount of Each Disbursement this Period

61.42

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Visa

Mailing Address P.O. Box 4513

City Carol Stream State IL Zip Code 60197-4513

Purpose of Disbursement
Meals

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D172255
Date of Disbursement

04 / 21 / 2008

Amount of Each Disbursement this Period

36.01

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

C.

Full Name (Last, First, Middle Initial)
Visa

Mailing Address P.O. Box 4513

City Carol Stream State IL Zip Code 60197-4513

Purpose of Disbursement
Office Equipment/Supplies

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D172288
Date of Disbursement

05 / 22 / 2008

Amount of Each Disbursement this Period

855.12

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

SUBTOTAL of Disbursements This Page (optional) ▶

891.13

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)

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

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A.	Full Name (Last, First, Middle Initial) Office Max	Transaction ID: D172337 Date of Disbursement 05 / 22 / 2008
	Mailing Address 4100 Willow Knolls	Amount of Each Disbursement this Period 855.12
	City Peoria State IL Zip Code 61615	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Office Supplies/Equipment Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Visa	Transaction ID: D172289 Date of Disbursement 05 / 22 / 2008
	Mailing Address P.O. Box 4513	Amount of Each Disbursement this Period 49.33
	City Carol Stream State IL Zip Code 60197-4513	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Gasoline Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Thortons	Transaction ID: D172338 Date of Disbursement 05 / 22 / 2008
	Mailing Address 2255 E Washington St	Amount of Each Disbursement this Period 49.33
	City East Peoria State IL Zip Code 61611	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Gasoline Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	▶	49.33
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

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A. Full Name (Last, First, Middle Initial) Visa Mailing Address P.O. Box 4513 City Carol Stream State IL Zip Code 60197-4513 Purpose of Disbursement Gasoline Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D172290 Date of Disbursement 05 / 22 / 2008
	Amount of Each Disbursement this Period 62.10
	<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) Shell Oil Mailing Address 2101 S Macarthur Blvd City Springfield State IL Zip Code 62701 Purpose of Disbursement Gasoline Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D172339 Date of Disbursement 05 / 22 / 2008
	Amount of Each Disbursement this Period 62.10
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Category/Type
C. Full Name (Last, First, Middle Initial) Visa Mailing Address P.O. Box 4513 City Carol Stream State IL Zip Code 60197-4513 Purpose of Disbursement Newspaper Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D172291 Date of Disbursement 05 / 22 / 2008
	Amount of Each Disbursement this Period 99.00
	<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) ▶	161.10
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

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A.	Full Name (Last, First, Middle Initial) Visa Mailing Address P.O. Box 4513 City Carol Stream State IL Zip Code 60197-4513 Purpose of Disbursement Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D172292 Date of Disbursement 05 / 22 / 2008 Amount of Each Disbursement this Period 20.79 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Lowes Home Improvement Mailing Address 501 N Big Hollow Rd City Peoria State IL Zip Code 61615 Purpose of Disbursement Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D172341 Date of Disbursement 05 / 22 / 2008 Amount of Each Disbursement this Period 20.79 <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) Visa Mailing Address P.O. Box 4513 City Carol Stream State IL Zip Code 60197-4513 Purpose of Disbursement Gasoline Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D172293 Date of Disbursement 05 / 22 / 2008 Amount of Each Disbursement this Period 61.52 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

82.31

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

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Thortons</p> <p>Mailing Address 2255 E Washington St</p> <p>City East Peoria State IL Zip Code 61611</p> <p>Purpose of Disbursement Gasoline</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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D172342</p> <p>Date of Disbursement 05 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 61.52</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Visa</p> <p>Mailing Address P.O. Box 4513</p> <p>City Carol Stream State IL Zip Code 60197-4513</p> <p>Purpose of Disbursement Meals</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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D172294</p> <p>Date of Disbursement 05 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 105.25</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) Visa</p> <p>Mailing Address P.O. Box 4513</p> <p>City Carol Stream State IL Zip Code 60197-4513</p> <p>Purpose of Disbursement Keys made</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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D172295</p> <p>Date of Disbursement 05 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 7.99</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) ▶

113.24

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

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A.	Full Name (Last, First, Middle Initial) Visa	Transaction ID: D172296 Date of Disbursement 05 / 22 / 2008
	Mailing Address P.O. Box 4513	Amount of Each Disbursement this Period 54.93
	City Carol Stream State IL Zip Code 60197-4513	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Gasoline Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Thortons	Transaction ID: D172345 Date of Disbursement 05 / 22 / 2008
	Mailing Address 2255 E Washington St	Amount of Each Disbursement this Period 54.93
	City East Peoria State IL Zip Code 61611	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Gasoline Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Visa	Transaction ID: D172297 Date of Disbursement 05 / 22 / 2008
	Mailing Address P.O. Box 4513	Amount of Each Disbursement this Period 36.90
	City Carol Stream State IL Zip Code 60197-4513	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Postage Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	91.83
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

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A.

Full Name (Last, First, Middle Initial)
U.S. Postal Service

Mailing Address 95 State ST

City Peoria State IL Zip Code 61602

Purpose of Disbursement Postage

Candidate Name

Office Sought: House Senate President

Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

Transaction ID: D172346
Date of Disbursement 05 / 22 / 2008

Amount of Each Disbursement this Period 36.90

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Visa

Mailing Address P.O. Box 4513

City Carol Stream State IL Zip Code 60197-4513

Purpose of Disbursement Gasoline

Candidate Name

Office Sought: House Senate President

Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

Transaction ID: D172298
Date of Disbursement 05 / 22 / 2008

Amount of Each Disbursement this Period 60.27

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

C.

Full Name (Last, First, Middle Initial)
Shell Oil

Mailing Address 2101 S Macarthur Blvd

City Springfield State IL Zip Code 62701

Purpose of Disbursement Gasoline

Candidate Name

Office Sought: House Senate President

Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

Transaction ID: D172347
Date of Disbursement 05 / 22 / 2008

Amount of Each Disbursement this Period 60.27

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ► 60.27

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

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A. Full Name (Last, First, Middle Initial) Visa Mailing Address P.O. Box 4513 City Carol Stream State IL Zip Code 60197-4513 Purpose of Disbursement Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D172299 Date of Disbursement 05 / 22 / 2008
	Amount of Each Disbursement this Period 57.00
	<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) Visa Mailing Address P.O. Box 4513 City Carol Stream State IL Zip Code 60197-4513 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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D172300 Date of Disbursement 05 / 22 / 2008
	Amount of Each Disbursement this Period 44.18
	<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 Max Mailing Address 4100 Willow Knolls City Peoria State IL Zip Code 61615 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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D172349 Date of Disbursement 05 / 22 / 2008
	Amount of Each Disbursement this Period 44.18
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/Type

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	101.18
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

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A.	Full Name (Last, First, Middle Initial) Visa	Transaction ID: D172301 Date of Disbursement 05 / 22 / 2008
	Mailing Address P.O. Box 4513	Amount of Each Disbursement this Period 13.26
	City Carol Stream State IL Zip Code 60197-4513	<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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Office Max	Transaction ID: D172350 Date of Disbursement 05 / 22 / 2008
	Mailing Address 4100 Willow Knolls	Amount of Each Disbursement this Period 13.26
	City Peoria State IL Zip Code 61615	<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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Visa	Transaction ID: D172302 Date of Disbursement 05 / 22 / 2008
	Mailing Address P.O. Box 4513	Amount of Each Disbursement this Period 63.56
	City Carol Stream State IL Zip Code 60197-4513	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Gasoline Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	76.82
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

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A. Full Name (Last, First, Middle Initial) Thortons Mailing Address 2255 E Washington St City East Peoria State IL Zip Code 61611 Purpose of Disbursement Gasoline Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D172351 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 8
	Amount of Each Disbursement this Period 63.56
	<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) Visa Mailing Address P.O. Box 4513 City Carol Stream State IL Zip Code 60197-4513 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D172303 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 8
	Amount of Each Disbursement this Period 36.90
	<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) U.S. Postal Service Mailing Address 95 State ST City Peoria State IL Zip Code 61602 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D172352 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 8
	Amount of Each Disbursement this Period 36.90
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	36.90
TOTAL This Period (last page this line number only) ▶	36.90

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

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A.	Full Name (Last, First, Middle Initial) Visa	Transaction ID: D172304 Date of Disbursement 05 / 22 / 2008
	Mailing Address P.O. Box 4513	Amount of Each Disbursement this Period 70.16
	City Carol Stream State IL Zip Code 60197-4513	<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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Office Max	Transaction ID: D172353 Date of Disbursement 05 / 22 / 2008
	Mailing Address 4100 Willow Knolls	Amount of Each Disbursement this Period 70.16
	City Peoria State IL Zip Code 61615	<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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Visa	Transaction ID: D172305 Date of Disbursement 05 / 22 / 2008
	Mailing Address P.O. Box 4513	Amount of Each Disbursement this Period 53.42
	City Carol Stream State IL Zip Code 60197-4513	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Gasoline Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	123.58
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

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A.	Full Name (Last, First, Middle Initial) Thortons	Transaction ID: D172354 Date of Disbursement 05 / 22 / 2008
	Mailing Address 2255 E Washington St	Amount of Each Disbursement this Period 53.42
	City East Peoria State IL Zip Code 61611	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Gasoline	[MEMO ITEM]
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Visa	Transaction ID: D172306 Date of Disbursement 05 / 22 / 2008
	Mailing Address P.O. Box 4513	Amount of Each Disbursement this Period 182.98
	City Carol Stream State IL Zip Code 60197-4513	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Phone/Internet	Category/Type
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) AT&T Mobility	Transaction ID: D172355 Date of Disbursement 05 / 22 / 2008
	Mailing Address P.O. Box 6428	Amount of Each Disbursement this Period 182.98
	City Carol Stream State IL Zip Code 60197	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Phone/Internet	Category/Type
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	182.98
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

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A.	Full Name (Last, First, Middle Initial) Visa	Transaction ID: D172308 Date of Disbursement 05 / 22 / 2008
	Mailing Address P.O. Box 4513	Amount of Each Disbursement this Period 60.84
	City Carol Stream State IL Zip Code 60197-4513	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Gasoline Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Amoco Oil	Transaction ID: D172356 Date of Disbursement 05 / 22 / 2008
	Mailing Address 4245 N Knoxville Ave	Amount of Each Disbursement this Period 60.84
	City Peoria State IL Zip Code 61604	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Gasoline Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Visa	Transaction ID: D172309 Date of Disbursement 05 / 22 / 2008
	Mailing Address P.O. Box 4513	Amount of Each Disbursement this Period 57.69
	City Carol Stream State IL Zip Code 60197-4513	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Meals Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	118.53
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A.

Full Name (Last, First, Middle Initial)
Visa

Mailing Address P.O. Box 4513

City Carol Stream State IL Zip Code 60197-4513

Purpose of Disbursement

Airfare

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: 2008 Primary General Other (specify) ▼

Transaction ID: D172310

Date of Disbursement

05 / 22 / 2008

Amount of Each Disbursement this Period

103.73

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

B.

Full Name (Last, First, Middle Initial)
Priceline.com Inc

Mailing Address 800 Connecticut Ave

City Norwalk State CT Zip Code 06854

Purpose of Disbursement

Hotel Stays

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: 2008 Primary General Other (specify) ▼

Transaction ID: D172358

Date of Disbursement

05 / 22 / 2008

Amount of Each Disbursement this Period

103.73

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Visa

Mailing Address P.O. Box 4513

City Carol Stream State IL Zip Code 60197-4513

Purpose of Disbursement

Supplies

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: 2008 Primary General Other (specify) ▼

Transaction ID: D172311

Date of Disbursement

05 / 22 / 2008

Amount of Each Disbursement this Period

4.12

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

SUBTOTAL of Disbursements This Page (optional)

107.85

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

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A.	Full Name (Last, First, Middle Initial) Lowes Home Improvement	Transaction ID: D172359 Date of Disbursement 05 / 22 / 2008
	Mailing Address 501 N Big Hollow Rd	Amount of Each Disbursement this Period 4.12
	City Peoria State IL Zip Code 61615	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Supplies Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Visa	Transaction ID: D172312 Date of Disbursement 05 / 22 / 2008
	Mailing Address P.O. Box 4513	Amount of Each Disbursement this Period 1.75
	City Carol Stream State IL Zip Code 60197-4513	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Supplies Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Lowes Home Improvement	Transaction ID: D172360 Date of Disbursement 05 / 22 / 2008
	Mailing Address 501 N Big Hollow Rd	Amount of Each Disbursement this Period 5.37
	City Peoria State IL Zip Code 61615	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Supplies Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	1.75
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

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A.	Full Name (Last, First, Middle Initial) Visa Mailing Address P.O. Box 4513 City Carol Stream State IL Zip Code 60197-4513 Purpose of Disbursement Gasoline Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D172313 Date of Disbursement 05 / 22 / 2008 Amount of Each Disbursement this Period 65.79 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Amoco Oil Mailing Address 4245 N Knoxville Ave City Peoria State IL Zip Code 61604 Purpose of Disbursement Gasoline Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D172361 Date of Disbursement 05 / 22 / 2008 Amount of Each Disbursement this Period 65.79 <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) Visa Mailing Address P.O. Box 4513 City Carol Stream State IL Zip Code 60197-4513 Purpose of Disbursement Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D172314 Date of Disbursement 05 / 22 / 2008 Amount of Each Disbursement this Period 30.21 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	96.00
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

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A.	Full Name (Last, First, Middle Initial) Office Max Mailing Address 4100 Willow Knolls City Peoria State IL Zip Code 61615 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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D172362 Date of Disbursement 05 / 22 / 2008 Amount of Each Disbursement this Period 30.21 <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) Visa Mailing Address P.O. Box 4513 City Carol Stream State IL Zip Code 60197-4513 Purpose of Disbursement Decorations Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D172315 Date of Disbursement 05 / 22 / 2008 Amount of Each Disbursement this Period 10.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Visa Mailing Address P.O. Box 4513 City Carol Stream State IL Zip Code 60197-4513 Purpose of Disbursement Hotel Stays Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D172316 Date of Disbursement 05 / 22 / 2008 Amount of Each Disbursement this Period 198.70 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

208.70

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)

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

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A.

Full Name (Last, First, Middle Initial)
Visa

Mailing Address P.O. Box 4513

City Carol Stream State IL Zip Code 60197-4513

Purpose of Disbursement
Gasoline

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D172317
Date of Disbursement

05 / 22 / 2008

Amount of Each Disbursement this Period

67.31

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

B.

Full Name (Last, First, Middle Initial)
Love's Travel Stops

Mailing Address 991 Ann Rutledge Rd

City Williamsville State IL Zip Code 62693

Purpose of Disbursement
Gasoline

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D172365
Date of Disbursement

05 / 22 / 2008

Amount of Each Disbursement this Period

67.31

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Visa

Mailing Address P.O. Box 4513

City Carol Stream State IL Zip Code 60197-4513

Purpose of Disbursement
Gasoline

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D172318
Date of Disbursement

05 / 22 / 2008

Amount of Each Disbursement this Period

25.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

92.31

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

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A.

Full Name (Last, First, Middle Initial)
Shell Oil

Mailing Address 2101 S Macarthur Blvd

City Springfield State IL Zip Code 62701

Purpose of Disbursement
Gasoline

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D172366
Date of Disbursement

05 / 22 / 2008

Amount of Each Disbursement this Period

25.00

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Visa

Mailing Address P.O. Box 4513

City Carol Stream State IL Zip Code 60197-4513

Purpose of Disbursement
Gasoline

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D172319
Date of Disbursement

05 / 22 / 2008

Amount of Each Disbursement this Period

60.38

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

C.

Full Name (Last, First, Middle Initial)
Shell Oil

Mailing Address 2101 S Macarthur Blvd

City Springfield State IL Zip Code 62701

Purpose of Disbursement
Gasoline

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D172367
Date of Disbursement

05 / 22 / 2008

Amount of Each Disbursement this Period

60.38

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

60.38

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

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A.	Full Name (Last, First, Middle Initial) Visa Mailing Address P.O. Box 4513 City Carol Stream State IL Zip Code 60197-4513 Purpose of Disbursement Gasoline Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D172320 Date of Disbursement 05 / 22 / 2008 Amount of Each Disbursement this Period 63.01 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Amoco Oil Mailing Address 4245 N Knoxville Ave City Peoria State IL Zip Code 61604 Purpose of Disbursement Gasoline Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D172368 Date of Disbursement 05 / 22 / 2008 Amount of Each Disbursement this Period 63.01 <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) Visa Mailing Address P.O. Box 4513 City Carol Stream State IL Zip Code 60197-4513 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D172321 Date of Disbursement 05 / 22 / 2008 Amount of Each Disbursement this Period 36.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	99.91
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 checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A. Full Name (Last, First, Middle Initial) U.S. Postal Service <hr/> Mailing Address 95 State ST <hr/> City Peoria State IL Zip Code 61602 <hr/> Purpose of Disbursement Postate Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D172369 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 8
	Amount of Each Disbursement this Period 36.90
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	[MEMO ITEM]
	Category/Type

B. Full Name (Last, First, Middle Initial) Visa <hr/> Mailing Address P.O. Box 4513 <hr/> City Carol Stream State IL Zip Code 60197-4513 <hr/> Purpose of Disbursement Airfare Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D172322 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 8
	Amount of Each Disbursement this Period 292.92
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/Type
	Category/Type

C. Full Name (Last, First, Middle Initial) Priceline.com Inc <hr/> Mailing Address 800 Connecticut Ave <hr/> City Norwalk State CT Zip Code 06854 <hr/> Purpose of Disbursement Hotel Stays Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D172370 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 8
	Amount of Each Disbursement this Period 292.92
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	[MEMO ITEM]
	Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	292.92
TOTAL This Period (last page this line number only) ▶	292.92

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

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A.	Full Name (Last, First, Middle Initial) Visa	Transaction ID: D172324 Date of Disbursement 05 / 22 / 2008
	Mailing Address P.O. Box 4513	Amount of Each Disbursement this Period 15.00
	City Carol Stream State IL Zip Code 60197-4513	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Airfare Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Priceline.com Inc	Transaction ID: D172371 Date of Disbursement 05 / 22 / 2008
	Mailing Address 800 Connecticut Ave	Amount of Each Disbursement this Period 15.00
	City Norwalk State CT Zip Code 06854	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Hotel Stays Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Visa	Transaction ID: D172325 Date of Disbursement 05 / 22 / 2008
	Mailing Address P.O. Box 4513	Amount of Each Disbursement this Period 42.08
	City Carol Stream State IL Zip Code 60197-4513	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Gasoline Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	57.08
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

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A.	Full Name (Last, First, Middle Initial) Shell Oil	Transaction ID: D172372 Date of Disbursement 05 / 22 / 2008
	Mailing Address 2101 S Macarthur Blvd	Amount of Each Disbursement this Period 42.08
	City Springfield State IL Zip Code 62701	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Gasoline Candidate Name Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Visa	Transaction ID: D172326 Date of Disbursement 05 / 22 / 2008
	Mailing Address P.O. Box 4513	Amount of Each Disbursement this Period 436.00
	City Carol Stream State IL Zip Code 60197-4513	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Airfare Candidate Name Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) American Airlines	Transaction ID: D172373 Date of Disbursement 05 / 22 / 2008
	Mailing Address 4333 Amon Carter Boulevard	Amount of Each Disbursement this Period 436.00
	City Fort Worth State TX Zip Code 76155	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Airfare Candidate Name Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	436.00
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

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A.	Full Name (Last, First, Middle Initial) Visa	Transaction ID: D172327 Date of Disbursement 05 / 22 / 2008
	Mailing Address P.O. Box 4513	Amount of Each Disbursement this Period 22.00
	City Carol Stream State IL Zip Code 60197-4513	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Parking Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Visa	Transaction ID: D172328 Date of Disbursement 05 / 22 / 2008
	Mailing Address P.O. Box 4513	Amount of Each Disbursement this Period 15.00
	City Carol Stream State IL Zip Code 60197-4513	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Parking Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Visa	Transaction ID: D172329 Date of Disbursement 05 / 22 / 2008
	Mailing Address P.O. Box 4513	Amount of Each Disbursement this Period 30.00
	City Carol Stream State IL Zip Code 60197-4513	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Gasoline Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	67.00
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

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A.	Full Name (Last, First, Middle Initial) Shell Oil	Transaction ID: D172376 Date of Disbursement 05 / 22 / 2008
	Mailing Address 2101 S Macarthur Blvd	Amount of Each Disbursement this Period 30.00
	City Springfield State IL Zip Code 62701	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Gasoline	[MEMO ITEM]
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Visa	Transaction ID: D172330 Date of Disbursement 05 / 22 / 2008
	Mailing Address P.O. Box 4513	Amount of Each Disbursement this Period 44.00
	City Carol Stream State IL Zip Code 60197-4513	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Parking	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Visa	Transaction ID: D172331 Date of Disbursement 05 / 22 / 2008
	Mailing Address P.O. Box 4513	Amount of Each Disbursement this Period 51.97
	City Carol Stream State IL Zip Code 60197-4513	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Gasoline	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	95.97
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

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A.

Full Name (Last, First, Middle Initial)
Amoco Oil

Mailing Address 4245 N Knoxville Ave

City Peoria State IL Zip Code 61604

Purpose of Disbursement
Gasoline

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D172378
Date of Disbursement

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

Amount of Each Disbursement this Period

51.97

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Visa

Mailing Address P.O. Box 4513

City Carol Stream State IL Zip Code 60197-4513

Purpose of Disbursement
Postage

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D172332
Date of Disbursement

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

Amount of Each Disbursement this Period

36.90

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

C.

Full Name (Last, First, Middle Initial)
U.S. Postal Service

Mailing Address 95 State ST

City Peoria State IL Zip Code 61602

Purpose of Disbursement
Postage

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D172379
Date of Disbursement

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

Amount of Each Disbursement this Period

36.90

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

36.90

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

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

<p>A. Full Name (Last, First, Middle Initial) Visa</p> <p>Mailing Address P.O. Box 4513</p> <p>City Carol Stream State IL Zip Code 60197-4513</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</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D172333</p> <p>Date of Disbursement 05 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 30.61</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) Office Max</p> <p>Mailing Address 4100 Willow Knolls</p> <p>City Peoria State IL Zip Code 61615</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</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D172380</p> <p>Date of Disbursement 05 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 30.61</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>C. Full Name (Last, First, Middle Initial) Visa</p> <p>Mailing Address P.O. Box 4513</p> <p>City Carol Stream State IL Zip Code 60197-4513</p> <p>Purpose of Disbursement Gasoline</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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D172334</p> <p>Date of Disbursement 05 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 69.77</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)	100.38
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

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A.

Full Name (Last, First, Middle Initial)
Visa

Mailing Address P.O. Box 4513

City Carol Stream State IL Zip Code 60197-4513

Purpose of Disbursement

Airfare

Candidate Name

Category/Type

Office Sought: House Senate President

State: District:

Disbursement For: 2008 Primary General Other (specify) ▼

Transaction ID: D172335

Date of Disbursement

05 / 22 / 2008

Amount of Each Disbursement this Period

698.79

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

B.

Full Name (Last, First, Middle Initial)
Priceline.com Inc

Mailing Address 800 Connecticut Ave

City Norwalk State CT Zip Code 06854

Purpose of Disbursement

Airfare

Candidate Name

Category/Type

Office Sought: House Senate President

State: District:

Disbursement For: 2008 Primary General Other (specify) ▼

Transaction ID: D172382

Date of Disbursement

05 / 22 / 2008

Amount of Each Disbursement this Period

698.79

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Visa

Mailing Address P.O. Box 4513

City Carol Stream State IL Zip Code 60197-4513

Purpose of Disbursement

Postage

Candidate Name

Category/Type

Office Sought: House Senate President

State: District:

Disbursement For: 2008 Primary General Other (specify) ▼

Transaction ID: D172336

Date of Disbursement

05 / 22 / 2008

Amount of Each Disbursement this Period

82.00

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

SUBTOTAL of Disbursements This Page (optional)

780.79

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

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A.

Full Name (Last, First, Middle Initial)
U.S. Postal Service

Mailing Address 95 State ST

City Peoria State IL Zip Code 61602

Purpose of Disbursement

Postage

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D172383

Date of Disbursement

05 / 22 / 2008

Amount of Each Disbursement this Period

82.00

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Visa

Mailing Address P.O. Box 4513

City Carol Stream State IL Zip Code 60197-4513

Purpose of Disbursement

Office Supplies

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D172650

Date of Disbursement

06 / 18 / 2008

Amount of Each Disbursement this Period

59.37

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

C.

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

Mailing Address 4100 Willow Knolls

City Peoria State IL Zip Code 61615

Purpose of Disbursement

Office Supplies

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D172692

Date of Disbursement

06 / 18 / 2008

Amount of Each Disbursement this Period

59.37

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

59.37

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A.

Full Name (Last, First, Middle Initial)
Visa

Mailing Address P.O. Box 4513

City Carol Stream State IL Zip Code 60197-4513

Purpose of Disbursement
Hotel Stays

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General Other (specify) ▼

State: District:

Transaction ID: D172651
Date of Disbursement

06 / 18 / 2008

Amount of Each Disbursement this Period

26.92

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

B.

Full Name (Last, First, Middle Initial)
Holiday Inn

Mailing Address 550 C STREET SW

City Washington State DC Zip Code 20024

Purpose of Disbursement
Hotel Stays

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General Other (specify) ▼

State: District:

Transaction ID: D172693
Date of Disbursement

06 / 18 / 2008

Amount of Each Disbursement this Period

26.92

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Visa

Mailing Address P.O. Box 4513

City Carol Stream State IL Zip Code 60197-4513

Purpose of Disbursement
Gasoline

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General Other (specify) ▼

State: District:

Transaction ID: D172652
Date of Disbursement

06 / 18 / 2008

Amount of Each Disbursement this Period

62.06

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

SUBTOTAL of Disbursements This Page (optional) ▶

88.98

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

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A.

Full Name (Last, First, Middle Initial)
Visa

Mailing Address P.O. Box 4513

City State Zip Code
Carol Stream IL 60197-4513

Purpose of Disbursement
Gasoline

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D172653
Date of Disbursement

06 / 18 / 2008

Amount of Each Disbursement this Period

68.22

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

B.

Full Name (Last, First, Middle Initial)
Shell Oil

Mailing Address 2101 S Macarthur Blvd

City State Zip Code
Springfield IL 62701

Purpose of Disbursement
Gasoline

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D172695
Date of Disbursement

06 / 18 / 2008

Amount of Each Disbursement this Period

68.22

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Visa

Mailing Address P.O. Box 4513

City State Zip Code
Carol Stream IL 60197-4513

Purpose of Disbursement
Gasoline

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D172654
Date of Disbursement

06 / 18 / 2008

Amount of Each Disbursement this Period

62.57

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

SUBTOTAL of Disbursements This Page (optional) ▶

130.79

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

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A.	Full Name (Last, First, Middle Initial) Thortons	Transaction ID: D172696 Date of Disbursement 06 / 18 / 2008
	Mailing Address 2255 E Washington St	Amount of Each Disbursement this Period 62.57
	City East Peoria State IL Zip Code 61611	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Gasoline Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Visa	Transaction ID: D172655 Date of Disbursement 06 / 18 / 2008
	Mailing Address P.O. Box 4513	Amount of Each Disbursement this Period 65.62
	City Carol Stream State IL Zip Code 60197-4513	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Gasoline Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Shell Oil	Transaction ID: D172697 Date of Disbursement 06 / 18 / 2008
	Mailing Address 2101 S Macarthur Blvd	Amount of Each Disbursement this Period 65.62
	City Springfield State IL Zip Code 62701	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Gasoline Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	65.62
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

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A.	Full Name (Last, First, Middle Initial) Visa	Transaction ID: D172656 Date of Disbursement 06 / 18 / 2008
	Mailing Address P.O. Box 4513	Amount of Each Disbursement this Period 36.90
	City Carol Stream State IL Zip Code 60197-4513	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Postage Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) U.S. Postal Service	Transaction ID: D172698 Date of Disbursement 06 / 18 / 2008
	Mailing Address 95 State ST	Amount of Each Disbursement this Period 36.90
	City Peoria State IL Zip Code 61602	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Postage Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Visa	Transaction ID: D172657 Date of Disbursement 06 / 18 / 2008
	Mailing Address P.O. Box 4513	Amount of Each Disbursement this Period 67.06
	City Carol Stream State IL Zip Code 60197-4513	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Gasoline Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	103.96
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

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A.	Full Name (Last, First, Middle Initial) Thortons Mailing Address 2255 E Washington St City East Peoria State IL Zip Code 61611 Purpose of Disbursement Gasoline Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D172699 Date of Disbursement 06 / 18 / 2008 Amount of Each Disbursement this Period 67.06 <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) Visa Mailing Address P.O. Box 4513 City Carol Stream State IL Zip Code 60197-4513 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D172658 Date of Disbursement 06 / 18 / 2008 Amount of Each Disbursement this Period 36.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) U.S. Postal Service Mailing Address 95 State ST City Peoria State IL Zip Code 61602 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D172700 Date of Disbursement 06 / 18 / 2008 Amount of Each Disbursement this Period 36.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	36.90
TOTAL This Period (last page this line number only) ▶	36.90

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A.	Full Name (Last, First, Middle Initial) Visa	Transaction ID: D172659 Date of Disbursement 06 / 18 / 2008
	Mailing Address P.O. Box 4513	Amount of Each Disbursement this Period 44.28
	City Carol Stream State IL Zip Code 60197-4513	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Postage Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) U.S. Postal Service	Transaction ID: D172701 Date of Disbursement 06 / 18 / 2008
	Mailing Address 95 State ST	Amount of Each Disbursement this Period 44.28
	City Peoria State IL Zip Code 61602	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Postage Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Visa	Transaction ID: D172660 Date of Disbursement 06 / 18 / 2008
	Mailing Address P.O. Box 4513	Amount of Each Disbursement this Period 16.00
	City Carol Stream State IL Zip Code 60197-4513	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Parking Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	60.28
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

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A.

Full Name (Last, First, Middle Initial)
Visa

Mailing Address P.O. Box 4513

City Carol Stream State IL Zip Code 60197-4513

Purpose of Disbursement
Gasoline

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D172661

Date of Disbursement

06 / 18 / 2008

Amount of Each Disbursement this Period

58.16

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

B.

Full Name (Last, First, Middle Initial)
Shell Oil

Mailing Address 2101 S Macarthur Blvd

City Springfield State IL Zip Code 62701

Purpose of Disbursement
Gasoline

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D172703

Date of Disbursement

06 / 18 / 2008

Amount of Each Disbursement this Period

58.16

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Visa

Mailing Address P.O. Box 4513

City Carol Stream State IL Zip Code 60197-4513

Purpose of Disbursement
Postage

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D172662

Date of Disbursement

06 / 18 / 2008

Amount of Each Disbursement this Period

166.49

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

SUBTOTAL of Disbursements This Page (optional)

224.65

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)

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

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A. Full Name (Last, First, Middle Initial) U.S. Postal Service <hr/> Mailing Address 95 State ST <hr/> City Peoria State IL Zip Code 61602 <hr/> Purpose of Disbursement Postage Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D172704 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 8 / 2 0 0 8
	Amount of Each Disbursement this Period 166.49
	<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) Visa <hr/> Mailing Address P.O. Box 4513 <hr/> City Carol Stream State IL Zip Code 60197-4513 <hr/> Purpose of Disbursement Gasoline Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D172663 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 8 / 2 0 0 8
	Amount of Each Disbursement this Period 69.53
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial) Visa <hr/> Mailing Address P.O. Box 4513 <hr/> City Carol Stream State IL Zip Code 60197-4513 <hr/> Purpose of Disbursement Gasoline Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D172664 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 8 / 2 0 0 8
	Amount of Each Disbursement this Period 75.00
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	144.53
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A.

Full Name (Last, First, Middle Initial)
Love's Travel Stops

Mailing Address 991 Ann Rutledge Rd

City State Zip Code
Williamsville IL 62693

Purpose of Disbursement
Gasoline

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D172706
Date of Disbursement

06 / 18 / 2008

Amount of Each Disbursement this Period

75.00

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Visa

Mailing Address P.O. Box 4513

City State Zip Code
Carol Stream IL 60197-4513

Purpose of Disbursement
Meals

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D172665
Date of Disbursement

06 / 18 / 2008

Amount of Each Disbursement this Period

31.13

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

C.

Full Name (Last, First, Middle Initial)
Visa

Mailing Address P.O. Box 4513

City State Zip Code
Carol Stream IL 60197-4513

Purpose of Disbursement
Gasoline

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D172666
Date of Disbursement

06 / 18 / 2008

Amount of Each Disbursement this Period

64.67

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

SUBTOTAL of Disbursements This Page (optional) ▶

95.80

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

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A.	Full Name (Last, First, Middle Initial) Thortons	Transaction ID: D172708 Date of Disbursement 06 / 18 / 2008
	Mailing Address 2255 E Washington St	Amount of Each Disbursement this Period 64.67
	City East Peoria State IL Zip Code 61611	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Gasoline	[MEMO ITEM]
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Visa	Transaction ID: D172668 Date of Disbursement 06 / 18 / 2008
	Mailing Address P.O. Box 4513	Amount of Each Disbursement this Period 176.63
	City Carol Stream State IL Zip Code 60197-4513	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Phone/Internet	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) AT&T Mobility	Transaction ID: D172709 Date of Disbursement 06 / 18 / 2008
	Mailing Address P.O. Box 6428	Amount of Each Disbursement this Period 176.63
	City Carol Stream State IL Zip Code 60197	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Phone/Internet	[MEMO ITEM]
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	176.63
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)

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

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A.	Full Name (Last, First, Middle Initial) Visa <hr/> Mailing Address P.O. Box 4513 <hr/> City Carol Stream State IL Zip Code 60197-4513 <hr/> Purpose of Disbursement Gasoline Candidate Name _____ Category/Type _____ <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: _____ District: _____	Transaction ID: D172669 Date of Disbursement 06 / 18 / 2008 <hr/> Amount of Each Disbursement this Period 69.73 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Visa <hr/> Mailing Address P.O. Box 4513 <hr/> City Carol Stream State IL Zip Code 60197-4513 <hr/> Purpose of Disbursement Gasoline Candidate Name _____ Category/Type _____ <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: _____ District: _____	Transaction ID: D172670 Date of Disbursement 06 / 18 / 2008 <hr/> Amount of Each Disbursement this Period 70.12 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Shell Oil <hr/> Mailing Address 2101 S Macarthur Blvd <hr/> City Springfield State IL Zip Code 62701 <hr/> Purpose of Disbursement Gasoline Candidate Name _____ Category/Type _____ <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: _____ District: _____	Transaction ID: D172712 Date of Disbursement 06 / 18 / 2008 <hr/> Amount of Each Disbursement this Period 70.12 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ►

139.85

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

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A.

Full Name (Last, First, Middle Initial)
Visa

Mailing Address P.O. Box 4513

City Carol Stream State IL Zip Code 60197-4513

Purpose of Disbursement
Gasoline

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General Other (specify) ▼

State: District:

Transaction ID: D172671
Date of Disbursement

06 / 18 / 2008

Amount of Each Disbursement this Period

72.86

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

B.

Full Name (Last, First, Middle Initial)
Shell Oil

Mailing Address 2101 S Macarthur Blvd

City Springfield State IL Zip Code 62701

Purpose of Disbursement
Gasoline

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General Other (specify) ▼

State: District:

Transaction ID: D172713
Date of Disbursement

06 / 18 / 2008

Amount of Each Disbursement this Period

72.86

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Visa

Mailing Address P.O. Box 4513

City Carol Stream State IL Zip Code 60197-4513

Purpose of Disbursement
Gasoline

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General Other (specify) ▼

State: District:

Transaction ID: D172672
Date of Disbursement

06 / 18 / 2008

Amount of Each Disbursement this Period

75.00

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

SUBTOTAL of Disbursements This Page (optional)

147.86

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A.	Full Name (Last, First, Middle Initial) Shell Oil	Transaction ID: D172714 Date of Disbursement 06 / 18 / 2008
	Mailing Address 2101 S Macarthur Blvd	Amount of Each Disbursement this Period 75.00
	City Springfield State IL Zip Code 62701	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Gasoline Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Visa	Transaction ID: D172673 Date of Disbursement 06 / 18 / 2008
	Mailing Address P.O. Box 4513	Amount of Each Disbursement this Period 67.72
	City Carol Stream State IL Zip Code 60197-4513	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Gasoline Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Shell Oil	Transaction ID: D172715 Date of Disbursement 06 / 18 / 2008
	Mailing Address 2101 S Macarthur Blvd	Amount of Each Disbursement this Period 67.72
	City Springfield State IL Zip Code 62701	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Gasoline Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	67.72
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

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A.

Full Name (Last, First, Middle Initial)
Visa

Mailing Address P.O. Box 4513

City State Zip Code
Carol Stream IL 60197-4513

Purpose of Disbursement
Gasoline

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D172674
Date of Disbursement

06 / 18 / 2008

Amount of Each Disbursement this Period

54.25

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

B.

Full Name (Last, First, Middle Initial)
Shell Oil

Mailing Address 2101 S Macarthur Blvd

City State Zip Code
Springfield IL 62701

Purpose of Disbursement
Gasoline

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D172716
Date of Disbursement

06 / 18 / 2008

Amount of Each Disbursement this Period

54.25

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Visa

Mailing Address P.O. Box 4513

City State Zip Code
Carol Stream IL 60197-4513

Purpose of Disbursement
Office Supplies

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D172675
Date of Disbursement

06 / 18 / 2008

Amount of Each Disbursement this Period

10.78

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

SUBTOTAL of Disbursements This Page (optional)

65.03

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

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A.	Full Name (Last, First, Middle Initial) Office Max	Transaction ID: D172717 Date of Disbursement 06 / 18 / 2008
	Mailing Address 4100 Willow Knolls	Amount of Each Disbursement this Period 10.78
	City Peoria State IL Zip Code 61615	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Office Supplies Candidate Name	<input type="checkbox"/> [MEMO ITEM]
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Visa	Transaction ID: D172676 Date of Disbursement 06 / 18 / 2008
	Mailing Address P.O. Box 4513	Amount of Each Disbursement this Period 113.35
	City Carol Stream State IL Zip Code 60197-4513	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Office Supplies Candidate Name	<input type="checkbox"/> [MEMO ITEM]
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Office Max	Transaction ID: D172718 Date of Disbursement 06 / 18 / 2008
	Mailing Address 4100 Willow Knolls	Amount of Each Disbursement this Period 113.35
	City Peoria State IL Zip Code 61615	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Office Supplies Candidate Name	<input type="checkbox"/> [MEMO ITEM]
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	113.35
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

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A.	Full Name (Last, First, Middle Initial) Visa	Transaction ID: D172677 Date of Disbursement 06 / 18 / 2008
	Mailing Address P.O. Box 4513	Amount of Each Disbursement this Period 75.00
	City Carol Stream State IL Zip Code 60197-4513	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Gasoline Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Love's Travel Stops	Transaction ID: D172719 Date of Disbursement 06 / 18 / 2008
	Mailing Address 991 Ann Rutledge Rd	Amount of Each Disbursement this Period 75.00
	City Williamsville State IL Zip Code 62693	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Gasoline Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Visa	Transaction ID: D172678 Date of Disbursement 06 / 18 / 2008
	Mailing Address P.O. Box 4513	Amount of Each Disbursement this Period 39.64
	City Carol Stream State IL Zip Code 60197-4513	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Meals Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	114.64
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

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A.	Full Name (Last, First, Middle Initial) Visa Mailing Address P.O. Box 4513 City Carol Stream State IL Zip Code 60197-4513 Purpose of Disbursement Gasoline Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D172679 Date of Disbursement 06 / 18 / 2008 Amount of Each Disbursement this Period 76.29 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Visa Mailing Address P.O. Box 4513 City Carol Stream State IL Zip Code 60197-4513 Purpose of Disbursement Airfare Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D172680 Date of Disbursement 06 / 18 / 2008 Amount of Each Disbursement this Period 741.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) U.S. Airways Mailing Address 111 West Rio Salado Parkway City Tempe State AZ Zip Code 85281 Purpose of Disbursement Airfare Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D172722 Date of Disbursement 06 / 18 / 2008 Amount of Each Disbursement this Period 741.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

817.79

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

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A.

Full Name (Last, First, Middle Initial)
Visa

Mailing Address P.O. Box 4513

City Carol Stream State IL Zip Code 60197-4513

Purpose of Disbursement

Airfare

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D172681

Date of Disbursement

06 / 18 / 2008

Amount of Each Disbursement this Period

22.00

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

B.

Full Name (Last, First, Middle Initial)
Visa

Mailing Address P.O. Box 4513

City Carol Stream State IL Zip Code 60197-4513

Purpose of Disbursement

Hotel Stays

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D172682

Date of Disbursement

06 / 18 / 2008

Amount of Each Disbursement this Period

363.12

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

C.

Full Name (Last, First, Middle Initial)
Priceline.com Inc

Mailing Address 800 Connecticut Ave

City Norwalk State CT Zip Code 06854

Purpose of Disbursement

Hotel Stays

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D172725

Date of Disbursement

06 / 18 / 2008

Amount of Each Disbursement this Period

363.12

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

385.12

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

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A.

Full Name (Last, First, Middle Initial)
Visa

Mailing Address P.O. Box 4513

City Carol Stream State IL Zip Code 60197-4513

Purpose of Disbursement

Phone/Internet

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: 2008 Primary General Other (specify) ▼

Transaction ID: D172683

Date of Disbursement

06 / 18 / 2008

Amount of Each Disbursement this Period

215.99

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

B.

Full Name (Last, First, Middle Initial)
AT&T Mobility

Mailing Address P.O. Box 6428

City Carol Stream State IL Zip Code 60197

Purpose of Disbursement

Phone/Internet

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: 2008 Primary General Other (specify) ▼

Transaction ID: D172726

Date of Disbursement

06 / 18 / 2008

Amount of Each Disbursement this Period

215.99

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Visa

Mailing Address P.O. Box 4513

City Carol Stream State IL Zip Code 60197-4513

Purpose of Disbursement

Gasoline

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: 2008 Primary General Other (specify) ▼

Transaction ID: D172684

Date of Disbursement

06 / 18 / 2008

Amount of Each Disbursement this Period

70.05

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

SUBTOTAL of Disbursements This Page (optional)

286.04

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

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A.	Full Name (Last, First, Middle Initial) Visa Mailing Address P.O. Box 4513 City Carol Stream State IL Zip Code 60197-4513 Purpose of Disbursement Food/Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D172685 Date of Disbursement 06 / 18 / 2008 Amount of Each Disbursement this Period 20.72 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Visa Mailing Address P.O. Box 4513 City Carol Stream State IL Zip Code 60197-4513 Purpose of Disbursement Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D172686 Date of Disbursement 06 / 18 / 2008 Amount of Each Disbursement this Period 22.11 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Visa Mailing Address P.O. Box 4513 City Carol Stream State IL Zip Code 60197-4513 Purpose of Disbursement Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D172687 Date of Disbursement 06 / 18 / 2008 Amount of Each Disbursement this Period 23.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	66.33
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

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A.	Full Name (Last, First, Middle Initial) Visa	Transaction ID: D172688 Date of Disbursement 06 / 18 / 2008
	Mailing Address P.O. Box 4513	Amount of Each Disbursement this Period 60.07
	City Carol Stream State IL Zip Code 60197-4513	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Gasoline Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Visa	Transaction ID: D172689 Date of Disbursement 06 / 18 / 2008
	Mailing Address P.O. Box 4513	Amount of Each Disbursement this Period 205.21
	City Carol Stream State IL Zip Code 60197-4513	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Office Supplies/Equipment Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) UFS Savings Center	Transaction ID: D172734 Date of Disbursement 06 / 18 / 2008
	Mailing Address 1800 SW Adams St	Amount of Each Disbursement this Period 205.21
	City Peoria State IL Zip Code 61602	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Office Supplies/Equipment Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	▶	265.28
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

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A.

Full Name (Last, First, Middle Initial)
Visa

Mailing Address P.O. Box 4513

City Carol Stream State IL Zip Code 60197-4513

Purpose of Disbursement

Postage

Candidate Name

Category/Type

Office Sought: House Senate President

State: District:

Disbursement For: 2008 Primary General Other (specify) ▼

Transaction ID: D172690

Date of Disbursement

06 / 18 / 2008

Amount of Each Disbursement this Period

16.50

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

B.

Full Name (Last, First, Middle Initial)
U.S. Postal Service

Mailing Address 95 State ST

City Peoria State IL Zip Code 61602

Purpose of Disbursement

Postage

Candidate Name

Category/Type

Office Sought: House Senate President

State: District:

Disbursement For: 2008 Primary General Other (specify) ▼

Transaction ID: D172728

Date of Disbursement

06 / 18 / 2008

Amount of Each Disbursement this Period

16.50

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Visa

Mailing Address P.O. Box 4513

City Carol Stream State IL Zip Code 60197-4513

Purpose of Disbursement

Gasoline

Candidate Name

Category/Type

Office Sought: House Senate President

State: District:

Disbursement For: 2008 Primary General Other (specify) ▼

Transaction ID: D172691

Date of Disbursement

06 / 18 / 2008

Amount of Each Disbursement this Period

75.00

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

SUBTOTAL of Disbursements This Page (optional)

91.50

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

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A.	Full Name (Last, First, Middle Initial) Shell Oil Mailing Address 2101 S Macarthur Blvd City Springfield State IL Zip Code 62701 Purpose of Disbursement Gasoline Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D172729 Date of Disbursement 06 / 18 / 2008 Amount of Each Disbursement this Period 75.00 <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) Colleen Callahan Communications Mailing Address 9318 Old Towerline Road City Edwards State IL Zip Code 61528 Purpose of Disbursement Reimbursement - Email Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D172738 Date of Disbursement 06 / 09 / 2008 Amount of Each Disbursement this Period 29.22 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Colleen Callahan Communications Mailing Address 9318 Old Towerline Road City Edwards State IL Zip Code 61528 Purpose of Disbursement Reimbursement- Airfare Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D172741 Date of Disbursement 06 / 02 / 2008 Amount of Each Disbursement this Period 435.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

464.72

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

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A.

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

Mailing Address P.O. Box 66100

City Chicago State IL Zip Code 60666

Purpose of Disbursement
Airfare

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D172745
Date of Disbursement

06 / 02 / 2008

Amount of Each Disbursement this Period

435.50

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Colleen Callahan Communications

Mailing Address 9318 Old Towerline Road

City Edwards State IL Zip Code 61528

Purpose of Disbursement
Reimbursement-Airfare

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D172742
Date of Disbursement

06 / 02 / 2008

Amount of Each Disbursement this Period

15.00

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

C.

Full Name (Last, First, Middle Initial)
Priceline.com Inc

Mailing Address 800 Connecticut Ave

City Norwalk State CT Zip Code 06854

Purpose of Disbursement
Airfare

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D172746
Date of Disbursement

06 / 02 / 2008

Amount of Each Disbursement this Period

15.00

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

15.00

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

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A.	Full Name (Last, First, Middle Initial) Colleen Callahan Communications Mailing Address 9318 Old Towerline Road City Edwards State IL Zip Code 61528 Purpose of Disbursement Reimbursement-Internet Usage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D172743 Date of Disbursement 06 / 02 / 2008 Amount of Each Disbursement this Period 10.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Colleen Callahan Communications Mailing Address 9318 Old Towerline Road City Edwards State IL Zip Code 61528 Purpose of Disbursement Reimbursement-Hotel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D172748 Date of Disbursement 04 / 24 / 2008 Amount of Each Disbursement this Period 1939.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Holiday Inn Mailing Address 550 C STREET SW City Washington State DC Zip Code 20024 Purpose of Disbursement Hotel Stays Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D172751 Date of Disbursement 04 / 24 / 2008 Amount of Each Disbursement this Period 1939.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

1950.35

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 157 / 159

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

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

NAME OF COMMITTEE (In Full)
Citizens for Callahan

A.

Full Name (Last, First, Middle Initial)
Colleen Callahan Communications

Transaction ID: D172749

Date of Disbursement

Mailing Address 9318 Old Towerline Road

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	4		2	0	0	8

City State Zip Code
Edwards IL 61528

Amount of Each Disbursement this Period

27.76

Purpose of Disbursement
Reimbursement- Email Marketing

--

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: 2008
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

27.76

TOTAL This Period (last page this line number only)

90958.64

SCHEDULE C (FEC Form 3)

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

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

LOANS

NAME OF COMMITTEE (In Full)
Citizens for Callahan

Transaction ID: L192

LOAN SOURCE Full Name (Last, First, Middle Initial)
Colleen Rae Callahan, PERS FUNDS - [PERSONAL FUNDS]

Mailing Address 9318 N Old Towerline Rd

City Edwards State IL ZIP Code 61528-9675

Election:
 Primary
 General
 Other (specify) ▼

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
25000.00	0.00	25000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 0 3	D D 3 1	Y Y Y Y 2 0 0 8	03/05/2009
		5.25 % (apr)	<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: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional)	<input style="width: 100%;" type="text" value="25000.00"/>
TOTALS This Period (last page in this line only)	<input style="width: 100%;" type="text" value=".00"/>

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

SCHEDULE C (FEC Form 3)

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

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

LOANS

NAME OF COMMITTEE (In Full)
Citizens for Callahan

Transaction ID: L193

LOAN SOURCE Full Name (Last, First, Middle Initial)
Colleen Rae Callahan, PERS FUNDS - [PERSONAL FUNDS]

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address 9318 N Old Towerline Rd

City Edwards State IL ZIP Code 61528-9675

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
25000.00	0.00	25000.00

TERMS

Date Incurred: MM DD YY Y Y Y Y 03 13 2008
Date Due: 03/05/2009
Interest Rate: 6.00 % (apr)
Secured: Yes No

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

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

SUBTOTALS This Period This Page (optional)	25000.00
TOTALS This Period (last page in this line only)	50000.00

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