

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
SCHAKOWSKY FOR CONGRESS

ADDRESS (number and street) P.O. BOX 5130
 Check if different than previously reported. (ACC)
EVANSTON IL 60204

2. **FEC IDENTIFICATION NUMBER** C00327023
CITY **STATE** **ZIP CODE**
STATE DISTRICT
3. IS THIS REPORT NEW (N) OR AMENDED (A)
IL 09

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on in the State of
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on in the State of

5. Covering Period 07 01 2006 through 09 30 2006

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 Melanie Rovner Cohen

Signature of Treasurer Electronically Filed by Melanie Rovner Cohen Date 10 12 2006

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

SCHAKOWSKY FOR CONGRESS

Report Covering the Period: From: To:

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	86020.00	1077165.83
(b) Total Contribution Refunds (from Line 20(d)).....	150.00	1900.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	85870.00	1075265.83
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	79949.98	727117.61
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	3028.60
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	79949.98	724089.01
8. Cash on Hand at Close of Reporting Period (from Line 27).....	218097.58	
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).....	0.00	

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

Write or Type Committee Name
SCHAKOWSKY FOR CONGRESS

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

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	46310.00	600450.05
(i) Itemized (use Schedule A).....	13035.00	187640.78
(ii) Unitemized.....	59345.00	788090.83
(iii) TOTAL of contributions from individuals..... ▶	0.00	250.00
(b) Political Party Committees.....	26675.00	288825.00
(c) Other Political Committees (such as PACS).....	0.00	0.00
(d) The Candidate.....	86020.00	1077165.83
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))		
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....		
	0.00	0.00
13. LOANS		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....		
	0.00	3028.60
15. OTHER RECEIPTS (Dividends, Interest, etc.).....		
	1014.98	7525.32
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶		
	87034.98	1087719.75

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	79949.98	727117.61
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.....	150.00	1900.00
(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)).....	150.00	1900.00
21. OTHER DISBURSEMENTS.....	58204.92	369904.28
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	138304.90	1098921.89

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	269367.50
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	87034.98
25. SUBTOTAL (add Line 23 and Line 24).....	356402.48
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	138304.90
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	218097.58

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 124
	<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)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Jill L Allread		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6	
Mailing Address 179-3 Linden Ave.		Transaction ID: SA11A1.12386	
City State Zip Code Oak Park IL 60302	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer PCI Occupation Public Relations	Election Cycle-to-Date 2750.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) B. Hanny Baba		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 0 6	
Mailing Address 3801 Fargo		Transaction ID: SA11A1.12160	
City State Zip Code Skokie IL 60076	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 99+ Discount Occupation Owner	Election Cycle-to-Date 250.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) C. Marcia Balonick		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 6	
Mailing Address 367 Charal Lane		Transaction ID: SA11A1.12332	
City State Zip Code Highland Park IL 60035	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 Joint Action Committee Occupation Executive Director	Election Cycle-to-Date 225.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Receipts This Page (optional)	675.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Karyn Bass		Date of Receipt M M / D D / Y Y Y Y 07 / 26 / 2006	
Mailing Address 1822 W. Thomas #2		Transaction ID: SA11A1.12071	
City Chicago	State IL	Amount of Each Receipt this Period 100.00	
Zip Code 60622		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer 7th Judicial Circuit	Occupation Law Clerk		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 455.00		

Full Name (Last, First, Middle Initial) B. Michael Bauer		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2006	
Mailing Address 2500 N. Lakeview #2005		Transaction ID: SA11A1.12337	
City Chicago	State IL	Amount of Each Receipt this Period 1000.00	
Zip Code 60614		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer Retired	Occupation Retired		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3450.00		

Full Name (Last, First, Middle Initial) C. Mark Beryson		Date of Receipt M M / D D / Y Y Y Y 08 / 25 / 2006	
Mailing Address 175 E. Delaware #7804		Transaction ID: SA11A1.12164	
City Chicago	State IL	Amount of Each Receipt this Period 300.00	
Zip Code 60611		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer Self-employed	Occupation Attorney		
Receipt For: 2006 <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) ▶	1400.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Leonard Berlin		Date of Receipt M M / D D / Y Y Y Y 07 / 26 / 2006	
Mailing Address 9600 Gross Point Road		Transaction ID: SA11A1.12081	
City State Zip Code Skokie IL 60076	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 Rush North Shore Medical Center	Occupation Radiologist		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Steve Bernstein		Date of Receipt M M / D D / Y Y Y Y 08 / 09 / 2006	
Mailing Address 513 Chicago Ave		Transaction ID: SA11A1.12166	
City State Zip Code Evanston IL 60202	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self-employed	Occupation Attorney		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 900.00		

Full Name (Last, First, Middle Initial) C. Steven Bialer		Date of Receipt M M / D D / Y Y Y Y 08 / 28 / 2006	
Mailing Address 1125 Colfax Street		Transaction ID: SA11A1.12167	
City State Zip Code Evanston IL 60201	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Path Media	Occupation Media Designer		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 600.00		

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Kathleen Bonk

Mailing Address 601 Pennsylvania Ave., NW, Apt.

City Washington State DC Zip Code 20004

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

Name of Employer: Communications Consortium Media Centre
Occupation: Executive Director

Receipt For: 2006
 Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt: 07 / 19 / 2006

Transaction ID: SA11A1.12054

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)
Eva Bornstein

Mailing Address 1211 A Central

City Evanston State IL Zip Code 60201

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

Name of Employer: Retired
Occupation: Retired

Receipt For: 2006
 Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt: 08 / 07 / 2006

Transaction ID: SA11A1.12170

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)
Patrick Bova

Mailing Address 5445 S. Hyde Park Blvd.

City Chicago State IL Zip Code 60615

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

Name of Employer: Retired
Occupation: Retired

Receipt For: 2006
 Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt: 08 / 25 / 2006

Transaction ID: SA11A1.12171

Amount of Each Receipt this Period: 150.00

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

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Anthony Bruck		Date of Receipt MM / DD / YYYY 08 / 25 / 2006
Mailing Address 720 S. Dearborn		Transaction ID: SA11A1.12176
City Chicago	State IL	Zip Code 60605
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Eckhardt Trading Co.	Occupation Programmer	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) B. Shashi Buluswar		Date of Receipt MM / DD / YYYY 08 / 03 / 2006
Mailing Address 528 Sheridan Square		Transaction ID: SA11A1.12180
City Evanston	State IL	Zip Code 60202
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer McKinsey & Company	Occupation Management Consultant	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Mark Cappello		Date of Receipt MM / DD / YYYY 07 / 20 / 2006
Mailing Address 1511 W. Ardmore		Transaction ID: SA11A1.12057
City Chicago	State IL	Zip Code 60660
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Tri County Anesthesia	Occupation Nurse Anesthetist	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 775.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Mark Cappello Mailing Address 1511 W. Ardmore City Chicago State IL Zip Code 60660 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2006 Transaction ID: SA11A1.12346 Amount of Each Receipt this Period 300.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer: Tri County Anesthesia Occupation: Nurse Anesthetist Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1075.00		

B. Full Name (Last, First, Middle Initial) Liane Casten Mailing Address 1030 Asbury City Evanston State IL Zip Code 60202 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 08 / 25 / 2006 Transaction ID: SA11A1.12191 Amount of Each Receipt this Period 50.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer: Self-employed Occupation: Freelance Journalist/Author Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 375.00		

C. Full Name (Last, First, Middle Initial) David Clarkin Mailing Address 4605 N. Dover #1 City Chicago State IL Zip Code 60640 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 07 / 30 / 2006 Transaction ID: SA11A1.12145 Amount of Each Receipt this Period 200.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer: Self-employed Occupation: Political Consultant Receipt For: 2006 <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)	550.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Fay Clayton		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6	
Mailing Address 1044 Lake Shore Blvd.		Transaction ID: SA11A1.12192	
City State Zip Code Evanston IL 60202		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Robinson Curley & Clayton Attorney			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 800.00	

B. Full Name (Last, First, Middle Initial) Benita K. Cohen		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6	
Mailing Address 9150 Kedvale		Transaction ID: SA11A1.12193	
City State Zip Code Skokie IL 60076		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Self-employed Volunteer			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1075.00	

C. Full Name (Last, First, Middle Initial) Gary Cozette		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6	
Mailing Address 434 W. Aldine Ave., #3-A		Transaction ID: SA11A1.12424	
City State Zip Code Chicago IL 60657		Amount of Each Receipt this Period 350.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Chicago Religious Leaders-hip Director			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1350.00	

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A. Full Name (Last, First, Middle Initial) C. Grier Davis		Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2006	
Mailing Address 916 Maple		Transaction ID: SA11A1.12384	
City State Zip Code Evanston IL 60202		Amount of Each Receipt this Period 200.00	
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 Retired Occupation Retired			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 475.00	

B. Full Name (Last, First, Middle Initial) Barbara DeCoster		Date of Receipt M M / D D / Y Y Y Y 08 / 16 / 2006	
Mailing Address 17 Martha Lane		Transaction ID: SA11A1.12198	
City State Zip Code Evanston IL 60201		Amount of Each Receipt this Period 200.00	
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 Retired Occupation Retired			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1200.00	

C. Full Name (Last, First, Middle Initial) Barbara DeCoster		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006	
Mailing Address 17 Martha Lane		Transaction ID: SA11A1.12451	
City State Zip Code Evanston IL 60201		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 Retired Occupation Retired			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1700.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Janine Denomme		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2006
Mailing Address 6249 North Glenwood		Transaction ID: SA11A1.12328
City State Zip Code Chicago IL 60660	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Centers on Halstead	Occupation Horizons Youth Program	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Dick Doub		Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2006
Mailing Address 1500 Sheridan Rd. Apt. 3E		Transaction ID: SA11A1.12405
City State Zip Code Wilmette IL 60091	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 Retired	Occupation Retired	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) C. Marian Edelstein		Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2006
Mailing Address 180 E. Pearson Street #3801		Transaction ID: SA11A1.12373
City State Zip Code Chicago IL 60611	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Retired	Occupation Retired	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 550.00	

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Bruce Ettelson		Date of Receipt M M / D D / Y Y Y Y 07 / 26 / 2006	
Mailing Address 2030 N. Sedgwick, Unit N		Transaction ID: SA11A1.12077	
City State Zip Code Chicago IL 60614		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Kirkland and Ellis Attorney			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1300.00	

B. Full Name (Last, First, Middle Initial) Mary Kate Fleming		Date of Receipt M M / D D / Y Y Y Y 07 / 26 / 2006	
Mailing Address 6246 N. Wayne		Transaction ID: SA11A1.12080	
City State Zip Code Chicago IL 60626		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Children's Memorial Hospital Special Projects Coordinator			
Receipt For: 2006 <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) Johanna Forman		Date of Receipt M M / D D / Y Y Y Y 07 / 18 / 2006	
Mailing Address 5344 Falmouth Road		Transaction ID: SA11A1.12036	
City State Zip Code Bethesda MD 20816		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Retired Retired			
Receipt For: 2006 <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) ▶	1100.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Doris Fox		Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2006	
Mailing Address 1100 Pembridge Dr., #211		Transaction ID: SA11A1.12378	
City State Zip Code Lake Forest IL 60045	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Retired	Occupation Retired		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 650.00		

Full Name (Last, First, Middle Initial) B. James Frankenbach		Date of Receipt M M / D D / Y Y Y Y 07 / 26 / 2006	
Mailing Address 51 Bradford Lane		Transaction ID: SA11A1.12083	
City State Zip Code Oakbrook IL 60523	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 Rush North Shore Hosp. Skokie	Occupation President		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Willa Frink		Date of Receipt M M / D D / Y Y Y Y 08 / 03 / 2006	
Mailing Address 2710 Central, #2		Transaction ID: SA11A1.12210	
City State Zip Code Evanston IL 60201	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Retired	Occupation Retired		
Receipt For: 2006 <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) ▶	650.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Willa Frink		Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2006	
Mailing Address 2710 Central, #2		Transaction ID: SA11A1.12382	
City State Zip Code Evanston IL 60201	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Retired Occupation Retired	Election Cycle-to-Date 350.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

B. Full Name (Last, First, Middle Initial) Amy Gardner		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2006	
Mailing Address 333 W. Wacker Drive, Suite 2100		Transaction ID: SA11A1.12428	
City State Zip Code Chicago IL 60606	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Skadden Arps Occupation Attorney	Election Cycle-to-Date 350.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

C. Full Name (Last, First, Middle Initial) Ireta Gasner		Date of Receipt M M / D D / Y Y Y Y 07 / 18 / 2006	
Mailing Address 1423 W. Thome		Transaction ID: SA11A1.12024	
City State Zip Code Chicago IL 60660	Amount of Each Receipt this Period 200.00		
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 Ounce of Prevention Occupation Social Work	Election Cycle-to-Date 575.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Peter Giangreco Mailing Address 1416 Rosalie City State Zip Code Evanston IL 60201 FEC ID number of contributing federal political committee. C		Date of Receipt <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>7</td><td>/</td><td>2</td><td>8</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA11A1.12158 Amount of Each Receipt this Period <table border="1"> <tr> <td>2000.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	7	/	2	8	/	2	0	0	6	2000.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	7	/	2	8	/	2	0	0	6														
2000.00																							
Name of Employer Occupation The Strategy Group Consultant Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<table border="1"> <tr> <td>2000.00</td> </tr> </table>	2000.00																				
2000.00																							

B. Full Name (Last, First, Middle Initial) Kathleen Gillespie Mailing Address 9232 Avers Ave. City State Zip Code Evanston IL 60203 FEC ID number of contributing federal political committee. C		Date of Receipt <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>7</td><td>/</td><td>1</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA11A1.12019 Amount of Each Receipt this Period <table border="1"> <tr> <td>800.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	7	/	1	2	/	2	0	0	6	800.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	7	/	1	2	/	2	0	0	6														
800.00																							
Name of Employer Occupation Witt Kieffer Search Consultant Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<table border="1"> <tr> <td>3050.00</td> </tr> </table>	3050.00																				
3050.00																							

C. Full Name (Last, First, Middle Initial) Mimi Gilpin Mailing Address 1715 Chicago Avenue #809 City State Zip Code Evanston IL 60201 FEC ID number of contributing federal political committee. C		Date of Receipt <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>8</td><td>/</td><td>2</td><td>5</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA11A1.12211 Amount of Each Receipt this Period <table border="1"> <tr> <td>50.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	8	/	2	5	/	2	0	0	6	50.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	8	/	2	5	/	2	0	0	6														
50.00																							
Name of Employer Occupation Retired Retired Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<table border="1"> <tr> <td>500.00</td> </tr> </table>	500.00																				
500.00																							

SUBTOTAL of Receipts This Page (optional)	2850.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Greg Goldsborough		Date of Receipt M M / D D / Y Y Y Y 08 / 16 / 2006
Mailing Address 1630 Chicago Avenue, Apt. 1807		Transaction ID: SA11A1.12213
City State Zip Code Evanston IL 60201	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Accenture	Occupation Consulting Executive	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) B. Rochelle Grimbau		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006
Mailing Address 5451 N. Kenmore		Transaction ID: SA11A1.12413
City State Zip Code Chicago IL 60640	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self-employed	Occupation Attorney	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) C. Barbara Grodd		Date of Receipt M M / D D / Y Y Y Y 08 / 16 / 2006
Mailing Address 1035 5th Avenue, Apt. 11A		Transaction ID: SA11A1.12221
City State Zip Code New York NY 10028	Amount of Each Receipt this Period 200.00	
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 Retired	Occupation Retired	
Receipt For: 2006 <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) ▶	800.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. John W. Hammerschlag		Date of Receipt M M / D D / Y Y Y Y 08 / 09 / 2006	
Mailing Address 311 Lake St.		Transaction ID: SA11A1.12222	
City State Zip Code Evanston IL 60201	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self-employed Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Parking Development Advisor Election Cycle-to-Date ▼ 450.00		

Full Name (Last, First, Middle Initial) B. Gregory Harris		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2006	
Mailing Address 1312 W. Winona		Transaction ID: SA11A1.12327	
City State Zip Code Chicago IL 60640	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer City of Chicago Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Alderman Chief of Staff Election Cycle-to-Date ▼ 600.00		

Full Name (Last, First, Middle Initial) C. Harriet Hausman		Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2006	
Mailing Address 1515 Forest		Transaction ID: SA11A1.12385	
City State Zip Code River Forest IL 60305	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Retired Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Election Cycle-to-Date ▼ 325.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Caroline Heath		Date of Receipt M M / D D / Y Y Y Y 08 / 28 / 2006
Mailing Address 937 Sherman		Transaction ID: SA11A1.12229
City Evanston	State IL	Amount of Each Receipt this Period 100.00
Zip Code 60202	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 American Society of Safety Engineers	Occupation Manager, Practice Specialities	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) B. Phoebe Helm		Date of Receipt M M / D D / Y Y Y Y 07 / 12 / 2006
Mailing Address 5415 N. Sheridan Rd, Unit 1511		Transaction ID: SA11A1.12012
City Chicago	State IL	Amount of Each Receipt this Period 50.00
Zip Code 60640	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 Retired	Occupation Retired	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Carolyn Horn		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006
Mailing Address 1421 W. River Oaks Ln.		Transaction ID: SA11A1.12456
City Mequon	State WI	Amount of Each Receipt this Period 20.00
Zip Code 53092	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 Retired	Occupation Retired	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 320.00	

SUBTOTAL of Receipts This Page (optional) ▶	170.00
TOTAL This Period (last page this line number only) ▶	[Empty Box]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Rose M. Houston		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006	
Mailing Address 1443 W. Fargo		Transaction ID: SA11A1.12454	
City State Zip Code Chicago IL 60626	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 Health Staffers Inc.	Occupation Executive		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Robert Howard		Date of Receipt M M / D D / Y Y Y Y 08 / 08 / 2006	
Mailing Address 122 S. Michigan Ave. 1850		Transaction ID: SA11A1.12230	
City State Zip Code Chicago IL 60603	Amount of Each Receipt this Period 2000.00		
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 Futterman & Howard	Occupation Attorney		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2100.00		

Full Name (Last, First, Middle Initial) C. Mark Ishaug		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2006	
Mailing Address 327 N. Brainard		Transaction ID: SA11A1.12347	
City State Zip Code La Grange Park IL 60526	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer AIDS Foundation of Chicago	Occupation Public Affairs		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 425.00		

SUBTOTAL of Receipts This Page (optional) ▶	2400.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <input 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	PAGE 22 / 124
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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Harriet Jacobs Mailing Address 8101 N. Keeler Ave City Skokie State IL Zip Code 60076 FEC ID number of contributing federal political committee. C		Date of Receipt <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>9</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA11A1.12409 Amount of Each Receipt this Period <table border="1"> <tr> <td>50.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	7		2	0	0	6	50.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		2	7		2	0	0	6														
50.00																							
Name of Employer Michael Silver & Co. Occupation Accountant Receipt For: 2006 <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																							

B. Full Name (Last, First, Middle Initial) Bernard Jaffee Mailing Address 701 Forum Square #107 City Glenview State IL Zip Code 60025 FEC ID number of contributing federal political committee. C		Date of Receipt <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>9</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA11A1.12417 Amount of Each Receipt this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	8		2	0	0	6	1000.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		2	8		2	0	0	6														
1000.00																							
Name of Employer Retired Occupation Retired Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <table border="1"> <tr> <td>2500.00</td> </tr> </table>	2500.00																				
2500.00																							

C. Full Name (Last, First, Middle Initial) Rafi Jafri Mailing Address 3759 North Fremont City Chicago State IL Zip Code 60613 FEC ID number of contributing federal political committee. C		Date of Receipt <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>7</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA11A1.12121 Amount of Each Receipt this Period <table border="1"> <tr> <td>250.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	7		2	0	0	6	250.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	7		2	7		2	0	0	6														
250.00																							
Name of Employer Dykema Gossett Rooks Occupation Attorney Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <table border="1"> <tr> <td>250.00</td> </tr> </table>	250.00																				
250.00																							

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Celeste Jensen		Date of Receipt M M / D D / Y Y Y Y Y 07 / 26 / 2006	
Mailing Address 6543 North Rockwell		Transaction ID: SA11A1.12103	
City State Zip Code Chicago IL 60645		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Grasmere	Occupation Administrator		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 625.00		

Full Name (Last, First, Middle Initial) B. Julie Ann Johnson		Date of Receipt M M / D D / Y Y Y Y Y 08 / 04 / 2006	
Mailing Address 28W351 Geneva Road		Transaction ID: SA11A1.12236	
City State Zip Code West Chicago IL 60185		Amount of Each Receipt this Period 2100.00	
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 American Slide Chart Corp.	Occupation CEO		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4100.00		

Full Name (Last, First, Middle Initial) C. Robert Kohl		Date of Receipt M M / D D / Y Y Y Y Y 09 / 20 / 2006	
Mailing Address 875 North Michigan Avenue, Suite 3		Transaction ID: SA11A1.12356	
City State Zip Code Chicago IL 60611		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self-employed	Occupation Investor		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00		

SUBTOTAL of Receipts This Page (optional) ▶	2650.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Terrence Koller		Date of Receipt M M / D D / Y Y Y Y 08 / 25 / 2006
Mailing Address 2317 Hartrey Street		Transaction ID: SA11A1.12242
City Evanston	State IL	Zip Code 60201
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Self-employed	Occupation Psychologist	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Michael Kraines		Date of Receipt M M / D D / Y Y Y Y 07 / 30 / 2006
Mailing Address 30 E. Huron St., #1307		Transaction ID: SA11A1.12146
City Chicago	State IL	Zip Code 60611
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Sandler O'Neill	Occupation Investment Banker	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. Beverley Kroll		Date of Receipt M M / D D / Y Y Y Y 07 / 26 / 2006
Mailing Address 2325 Hybernia Drive		Transaction ID: SA11A1.12085
City Highland Park	State IL	Zip Code 60035
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Peryam & Kroll Research	Occupation CEO	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <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)	1100.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Flora Lazar		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6	
Mailing Address 1313 East 60th Street		Transaction ID: SA11A1.12247	
City State Zip Code Chicago IL 60637	Amount of Each Receipt this Period 850.00		
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 Chapin Hall Center for Children	Occupation Public Affairs Director		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4200.00		

Full Name (Last, First, Middle Initial) B. Zafra Margolin Lerman		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 0 6	
Mailing Address 1911 Grant		Transaction ID: SA11A1.12251	
City State Zip Code Evanston IL 60201	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Columbia College Chicago	Occupation Professor		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2600.00		

Full Name (Last, First, Middle Initial) C. Michael Loewenstein		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 6	
Mailing Address 1906 Lincoln Street #C		Transaction ID: SA11A1.12379	
City State Zip Code Evanston IL 60201	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self-employed	Occupation Scenic Designer		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 650.00		

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Martha Loewenthal		Date of Receipt M M / D D / Y Y Y Y 08 / 07 / 2006	
Mailing Address 5032 W. Morse		Transaction ID: SA11A1.12255	
City State Zip Code Skokie IL 60077	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self-employed	Occupation Healthcare Consultant		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 850.00		

Full Name (Last, First, Middle Initial) B. Richard Loundy		Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2006	
Mailing Address 251 South Av.		Transaction ID: SA11A1.12402	
City State Zip Code Glencoe IL 60022	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Devon Bank	Occupation Chairman of the Board		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4000.00		

Full Name (Last, First, Middle Initial) C. Douglas MacDonald		Date of Receipt M M / D D / Y Y Y Y 08 / 07 / 2006	
Mailing Address 1214 Grant St.		Transaction ID: SA11A1.12257	
City State Zip Code Evanston IL 60201	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self-employed	Occupation Landscape Design		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3250.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Stephen Mack Mailing Address 1995 Selkirk Ct. City Inverness State IL Zip Code 60010 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 07 / 12 / 2006 Transaction ID: SA11A1.12002 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer LaSalle Bank Corporation Occupation Auditor Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 750.00		

B. Full Name (Last, First, Middle Initial) Julia Matthei Mailing Address 2528 Marcy Avenue City Evanston State IL Zip Code 60201 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2006 Transaction ID: SA11A1.12348 Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self-employed Occupation Homemaker Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2500.00		

C. Full Name (Last, First, Middle Initial) Brad McLaughlin Mailing Address 518 West Surf #1 City Chicago State IL Zip Code 60657 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2006 Transaction ID: SA11A1.12439 Amount of Each Receipt this Period 75.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer BeHiv Occupation Executive Director Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 725.00		

SUBTOTAL of Receipts This Page (optional)	1325.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

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

Mailing Address 1800 Kirk Street

City State Zip Code
Evanston IL 60202

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

Name of Employer Occupation
Interior Effects, Inc. Interior Designer

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

300.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 25 / 2006

Transaction ID: SA11A1.12264

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)
Mike McRaith

Mailing Address 4510 N. California Ave

City State Zip Code
Chicago IL 60625

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

Name of Employer Occupation
State of Illinois Attorney

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

1300.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 20 / 2006

Transaction ID: SA11A1.12362

Amount of Each Receipt this Period
300.00

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

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

Mailing Address 9441 Central Park Ave.

City State Zip Code
Evanston IL 60203

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

Name of Employer Occupation
Information Requested

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

225.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 28 / 2006

Transaction ID: SA11A1.12443

Amount of Each Receipt this Period
100.00

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

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 124 (check only one) <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Edward Mogul Mailing Address 5510 N. Sheridan Rd., #5A City State Zip Code Chicago IL 60640 FEC ID number of contributing federal political committee. C	Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA11A1.12425 Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>75.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	7		2	0	0	6		75.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		0	7		2	0	0	6														
	75.00																						
Name of Employer Occupation Self-employed Attorney Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>350.00</td> </tr> </table>		350.00																				
	350.00																						

B. Full Name (Last, First, Middle Initial) Catherine Moran Mailing Address 4837 N. Oak Park Ave. City State Zip Code Chicago IL 60656 FEC ID number of contributing federal political committee. C	Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA11A1.12023 Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>300.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	8		2	0	0	6		300.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	7		1	8		2	0	0	6														
	300.00																						
Name of Employer Occupation SAP Global Software Co. Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>3050.00</td> </tr> </table>		3050.00																				
	3050.00																						

C. Full Name (Last, First, Middle Initial) Gail H Morse Mailing Address 3739 N. Wilton Ave. #2 City State Zip Code Chicago IL 60613 FEC ID number of contributing federal political committee. C	Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA11A1.12108 Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>150.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	6		2	0	0	6		150.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	7		2	6		2	0	0	6														
	150.00																						
Name of Employer Occupation Jenner & Block Attorney Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>3150.00</td> </tr> </table>		3150.00																				
	3150.00																						

SUBTOTAL of Receipts This Page (optional) ▶	<table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>525.00</td> </tr> </table>		525.00
	525.00		
TOTAL This Period (last page this line number only) ▶	<table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td></td> </tr> </table>		

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 124
	<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)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Gail H Morse		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2006
Mailing Address 3739 N. Wilton Ave. #2		Transaction ID: SA11A1.12352
City State Zip Code Chicago IL 60613	Amount of Each Receipt this Period 700.00	
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 Jenner & Block	Occupation Attorney	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3850.00	

Full Name (Last, First, Middle Initial) B. David Munar		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2006
Mailing Address 4021 N. Clarendon #3W		Transaction ID: SA11A1.12344
City State Zip Code Chicago IL 60613	Amount of Each Receipt this Period 225.00	
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 AFC	Occupation Public Policy Director	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) C. Brandon Neese		Date of Receipt M M / D D / Y Y Y Y 08 / 25 / 2006
Mailing Address 1056 W. NW Northshore, 1W		Transaction ID: SA11A1.12271
City State Zip Code Chicago IL 60626	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Cook County Clerk's Office	Occupation Government Admin.	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2100.00	

SUBTOTAL of Receipts This Page (optional) ▶	1925.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Elaine Nekritz		Date of Receipt M M / D D / Y Y Y Y 07 / 26 / 2006	
Mailing Address 3 The Court of Island Point		Transaction ID: SA11A1.12097	
City Northbrook	State IL	Zip Code 60062	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer New Trier Township	Occupation Committeewoman		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 600.00		

Full Name (Last, First, Middle Initial) B. Carrie Newton		Date of Receipt M M / D D / Y Y Y Y 07 / 30 / 2006	
Mailing Address 1828 N. Larrabee		Transaction ID: SA11A1.12154	
City Chicago	State IL	Zip Code 60614	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C			
Name of Employer Natl. Jewish Democratic Cmte.	Occupation Consultant		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 225.00		

Full Name (Last, First, Middle Initial) C. Karen Nystrom		Date of Receipt M M / D D / Y Y Y Y 07 / 26 / 2006	
Mailing Address 1315 Church Street		Transaction ID: SA11A1.12074	
City Northbrook	State IL	Zip Code 60062	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer United Way	Occupation Non-profit		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 425.00		

SUBTOTAL of Receipts This Page (optional) ▶	300.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Susan O'Dell		Date of Receipt M M / D D / Y Y Y Y 09 / 06 / 2006	
Mailing Address 1422 West Thome Ave.		Transaction ID: SA11A1.12431	
City State Zip Code Chicago IL 60660	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self-employed	Occupation Psychotherapist		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 600.00		

Full Name (Last, First, Middle Initial) B. Catherine O'Malley		Date of Receipt M M / D D / Y Y Y Y 08 / 16 / 2006	
Mailing Address 1560 N. Sandburg Terrace #3310		Transaction ID: SA11A1.12275	
City State Zip Code Chicago IL 60610	Amount of Each Receipt this Period 200.00		
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 KO Strategies	Occupation Executive Director		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) C. Lawrence Okrent		Date of Receipt M M / D D / Y Y Y Y 08 / 28 / 2006	
Mailing Address 1212 Austin St.		Transaction ID: SA11A1.12274	
City State Zip Code Evanston IL 60202	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self-employed	Occupation Business Owner		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 700.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Sebastian Patti		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2006	
Mailing Address 552 W. Belden Dr.		Transaction ID: SA11A1.12353	
City State Zip Code Chicago IL 60614	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer State of Illinois Occupation Judge	Election Cycle-to-Date 600.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) B. Alyx Pattison		Date of Receipt M M / D D / Y Y Y Y 07 / 30 / 2006	
Mailing Address 1419 N. Wicker Park Ave.		Transaction ID: SA11A1.12149	
City State Zip Code Chicago IL 60622	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Katten Muchin Zavis Occupation Attorney	Election Cycle-to-Date 425.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) C. Alyx Pattison		Date of Receipt M M / D D / Y Y Y Y 08 / 16 / 2006	
Mailing Address 1419 N. Wicker Park Ave.		Transaction ID: SA11A1.12278	
City State Zip Code Chicago IL 60622	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Katten Muchin Zavis Occupation Attorney	Election Cycle-to-Date 575.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Angelino Pedroso

Mailing Address 4747 W. Church St

City State Zip Code
Skokie IL 60077

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

Name of Employer Northeastern Illinois Uni-
v. Occupation Professor

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 07 / 2006

Transaction ID: SA11A1.12280

Amount of Each Receipt this Period
25.00

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

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

Mailing Address 6200 N. Lincoln Avenue

City State Zip Code
Chicago IL 60659

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

Name of Employer Acorn Tire Occupation Owner

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 28 / 2006

Transaction ID: SA11A1.12416

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 Perry

Mailing Address 3660 N. Lake Shore Dr. #1303

City State Zip Code
Chicago IL 60613

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

Name of Employer Self-employed Occupation Consultant

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

600.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 18 / 2006

Transaction ID: SA11A1.12345

Amount of Each Receipt this Period
300.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1325.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Jennifer Peters		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006
Mailing Address 2427 Pomona Lane		Transaction ID: SA11A1.12407
City State Zip Code Wilmette IL 60091	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Jennings Realty Realtor	Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 350.00	

Full Name (Last, First, Middle Initial) B. Beth Plotner		Date of Receipt M M / D D / Y Y Y Y 09 / 05 / 2006
Mailing Address 3550-A N. Pine Grove Avenue		Transaction ID: SA11A1.12421
City State Zip Code Chicago IL 60657	Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Self-employed Attorney	Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 375.00	

Full Name (Last, First, Middle Initial) C. Jeffrey Rapp		Date of Receipt M M / D D / Y Y Y Y 07 / 30 / 2006
Mailing Address 240 Locust Road		Transaction ID: SA11A1.12156
City State Zip Code Winnetka IL 60093	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Not Employed Student	Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 3500.00	

SUBTOTAL of Receipts This Page (optional) ▶	625.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. James Ratner		Date of Receipt M M / D D / Y Y Y Y 08 / 09 / 2006	
Mailing Address 19750 Shaker Blvd.		Transaction ID: SA11A1.12284	
City State Zip Code Shaker OH 44122	Amount of Each Receipt this Period 1250.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation Forest City Enterprise Real Estate	Election Cycle-to-Date 1250.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) B. Mark Ratner		Date of Receipt M M / D D / Y Y Y Y 08 / 09 / 2006	
Mailing Address 615 Greenleaf Avenue		Transaction ID: SA11A1.12286	
City State Zip Code Glencoe IL 60022	Amount of Each Receipt this Period 1250.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation Northwestern Univ. Professor	Election Cycle-to-Date 1250.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) C. Nina Reiter		Date of Receipt M M / D D / Y Y Y Y 08 / 03 / 2006	
Mailing Address 838 Michigan Avenue #4B		Transaction ID: SA11A1.12288	
City State Zip Code Evanston IL 60202	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation Northwestern University Professor	Election Cycle-to-Date 350.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Receipts This Page (optional)	2550.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 124 (check only one) <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Anne Richard Mailing Address 6312 Newburn Drive <hr/> City Bethesda State MD Zip Code 20816 <hr/> FEC ID number of contributing federal political committee. C	Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA11A1.12044 Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>250.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	9		2	0	0	6		250.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	7		1	9		2	0	0	6														
	250.00																						
Name of Employer International Rescue Comm- ittee Occupation Vice President <hr/> Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>250.00</td> </tr> </table>		250.00																				
	250.00																						

Full Name (Last, First, Middle Initial) B. Barbara Robinson Mailing Address 6007 N. Sheridan Apt. 35-E <hr/> City Chicago State IL Zip Code 60660 <hr/> FEC ID number of contributing federal political committee. C	Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA11A1.12370 Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>200.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	5		2	0	0	6		200.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		2	5		2	0	0	6														
	200.00																						
Name of Employer Retired Occupation Retired <hr/> Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>1125.00</td> </tr> </table>		1125.00																				
	1125.00																						

Full Name (Last, First, Middle Initial) C. Judith-Rae Ross Mailing Address 8725 Springfield <hr/> City Skokie State IL Zip Code 60076 <hr/> FEC ID number of contributing federal political committee. C	Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA11A1.12289 Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>75.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	8		2	0	0	6		75.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		2	8		2	0	0	6														
	75.00																						
Name of Employer Oakton Community College Occupation Professor <hr/> Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>725.00</td> </tr> </table>		725.00																				
	725.00																						

SUBTOTAL of Receipts This Page (optional) ▶	<table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>525.00</td> </tr> </table>		525.00
	525.00		
TOTAL This Period (last page this line number only) ▶	<table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td></td> </tr> </table>		

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Ed Rothschild		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006
Mailing Address 1001 G Street NW #900E		Transaction ID: SA11A1.12399
City State Zip Code Washington DC 20001	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 Podesta/Mattoon	Occupation Public Affairs	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1250.00	

Full Name (Last, First, Middle Initial) B. Adelaide Rowe		Date of Receipt M M / D D / Y Y Y Y 08 / 28 / 2006
Mailing Address 2406 Grant		Transaction ID: SA11A1.12292
City State Zip Code Evanston IL 60201	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Elk Grove Village	Occupation Librarian	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) C. Jesse Ruiz		Date of Receipt M M / D D / Y Y Y Y 07 / 26 / 2006
Mailing Address 1741 W. Ellen Street		Transaction ID: SA11A1.12088
City State Zip Code Chicago IL 60622	Amount of Each Receipt this Period 200.00	
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 Gardner Carton Douglas	Occupation Attorney	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 600.00	

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) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 39 / 124
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	12	<input type="checkbox"/>	13a
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	13b
<input type="checkbox"/>		<input type="checkbox"/>	11d
<input type="checkbox"/>		<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	15

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Marty Russo Mailing Address 2111 Elliot Avenue City State Zip Code McLean VA 22101 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2006 Transaction ID: SA11A1.12658 Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Cassidy & Associates Chief Executive Officer Receipt For: 2006 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) Richard Salem Mailing Address 1225 Oak Ave. City State Zip Code Evanston IL 60202 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 09 / 05 / 2006 Transaction ID: SA11A1.12420 Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Retired Retired Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00		

C. Full Name (Last, First, Middle Initial) Christine Salvator Mailing Address 6701 N. Bosworth Ave. City State Zip Code Chicago IL 60626 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 07 / 30 / 2006 Transaction ID: SA11A1.12155 Amount of Each Receipt this Period 300.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Ingalls Hospital Nurse Anesthetist Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 850.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mark Schoenfeld		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6
Mailing Address 328 Wilshire Dr. West		Transaction ID: SA11A1.12295
City Wilmette	State IL	Amount of Each Receipt this Period 500.00
Zip Code 60091	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 Jupiter Aluminum-Oxygen Corp.	Occupation General Counsel	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) B. Robert Schuckman		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6
Mailing Address 400 E. Ohio St., Apt 902		Transaction ID: SA11A1.12296
City Chicago	State IL	Amount of Each Receipt this Period 150.00
Zip Code 60611	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 Jewish Federation	Occupation Attorney	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) C. David Sensibar		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 6
Mailing Address 5737 S. Blackstone Ave		Transaction ID: SA11A1.12414
City Chicago	State IL	Amount of Each Receipt this Period 1100.00
Zip Code 60637	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 Constructure Aggregates Corp.	Occupation Executive	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4200.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Vip Shah		Date of Receipt M M / D D / Y Y Y Y 08 / 30 / 2006
Mailing Address P.O. Box 1312		Transaction ID: SA11A1.12300
City State Zip Code Skokie IL 60076	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Indian Community of Skokie	Occupation President	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) B. Alan Sindelar		Date of Receipt M M / D D / Y Y Y Y 07 / 12 / 2006
Mailing Address 9055 N. Grace Ave		Transaction ID: SA11A1.12011
City State Zip Code Niles IL 60714	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Not Employed.	Occupation Electrician	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Alan Sindelar		Date of Receipt M M / D D / Y Y Y Y 08 / 07 / 2006
Mailing Address 9055 N. Grace Ave		Transaction ID: SA11A1.12302
City State Zip Code Niles IL 60714	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Not Employed.	Occupation Electrician	
Receipt For: 2006 <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) ▶	200.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Erica Sitkoff		Date of Receipt M M / D D / Y Y Y Y Y 07 / 12 / 2006	
Mailing Address 1533 N. Wieland , #2C		Transaction ID: SA11A1.12005	
City State Zip Code Chicago IL 60610	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation DLA Piper Rudnick Attorney	Election Cycle-to-Date 250.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Carol Slater		Date of Receipt M M / D D / Y Y Y Y Y 07 / 12 / 2006	
Mailing Address 550 Ida St.		Transaction ID: SA11A1.12009	
City State Zip Code Des Plaines IL 60016	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Hines Veterans Admin. Nurse Practitioner	Election Cycle-to-Date 225.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Stan Sloan		Date of Receipt M M / D D / Y Y Y Y Y 08 / 25 / 2006	
Mailing Address 1836 S. Halstead, #1		Transaction ID: SA11A1.12306	
City State Zip Code Chicago IL 60608	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Chicago House President	Election Cycle-to-Date 1825.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	275.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 124 (check only one) <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
 Alan Solow

Mailing Address 900 N. Kingsbury Street #1031

City State Zip Code
 Chicago IL 60610

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

Name of Employer Occupation
 Goldberg Kohn Bell & Black Attorney

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 26 / 2006

Transaction ID: SA11A1.12076

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)
 Natalie Spears

Mailing Address 1237 W. Foster Ave.

City State Zip Code
 Chicago IL 60640

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

Name of Employer Occupation
 Sonnenschein Nath Rosenthal Attorney

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 12 / 2006

Transaction ID: SA11A1.12020

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)
 Dolores Spetyla

Mailing Address 3950 W. Bryn Mawr, Unit 301

City State Zip Code
 Chicago IL 60659

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

Name of Employer Occupation
 Retired Retired

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 29 / 2006

Transaction ID: SA11A1.12452

Amount of Each Receipt this Period
50.00

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

SUBTOTAL of Receipts This Page (optional)	1550.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Ann Stevens		Date of Receipt MM / DD / YYYY 09 / 08 / 2006
Mailing Address 1208 Madison St.		Transaction ID: SA11A1.12324
City Evanston	State IL	Zip Code 60202
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Retired	Occupation Retired	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Elizabeth Suffredin		Date of Receipt MM / DD / YYYY 08 / 25 / 2006
Mailing Address 1501 W. Roscoe, Apt. 2F		Transaction ID: SA11A1.12308
City Chicago	State IL	Zip Code 60657
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 140.00
Name of Employer Loyola University Chicago Law School	Occupation Assoc. Director of Development	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. Julia Takarada		Date of Receipt MM / DD / YYYY 08 / 07 / 2006
Mailing Address 2505 Ridge Ave.		Transaction ID: SA11A1.12313
City Evanston	State IL	Zip Code 60201
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Abbott Laboratories	Occupation Quality Assurance Assoc Director	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <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)	340.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mark Tendam		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 8 / 2 0 0 6
Mailing Address 2448 Lincolnwood Dr.		Transaction ID: SA11A1.12316
City State Zip Code Evanston IL 60201	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self-employed Occupation Self-employed Graphic Design		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1700.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial) B. Mark Tendam		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 2448 Lincolnwood Dr.		Transaction ID: SA11A1.12349
City State Zip Code Evanston IL 60201	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self-employed Occupation Self-employed Graphic Design		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2700.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial) C. Kevin Thompson		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 1712 W. Carmen		Transaction ID: SA11A1.12363
City State Zip Code Chicago IL 60640	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Wilhelm and Conlon Occupation Wilhelm and Conlon Lobbyist		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶	2050.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. John Troy		Date of Receipt M M / D D / Y Y Y Y Y 09 / 21 / 2006
Mailing Address 11988 Colliers Reserve Drive		Transaction ID: SA11A1.12398
City State Zip Code Naples FL 34110	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 Blue Cross Blue Shield	Occupation Lobbyist	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Daniel Turton		Date of Receipt M M / D D / Y Y Y Y Y 09 / 21 / 2006
Mailing Address 1875 Eye Street, NW Suite 400		Transaction ID: SA11A1.12396
City State Zip Code Washington DC 20006	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 Timmons and Company, Inc.	Occupation Vice President	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Ilija Vasilj		Date of Receipt M M / D D / Y Y Y Y Y 07 / 26 / 2006
Mailing Address 3360 W. Peterson Ave.		Transaction ID: SA11A1.12114
City State Zip Code Chicago IL 60659	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Peterson Park Development	Occupation Entrepreneur	
Receipt For: 2006 <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) ▶	850.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Yesenia Villasenor-Rodriguez		Date of Receipt M M / D D / Y Y Y Y 07 / 26 / 2006	
Mailing Address 191 North Wacker Drive, Suite 3700		Transaction ID: SA11A1.12090	
City State Zip Code Chicago IL 60606	Amount of Each Receipt this Period 350.00		
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 Gardner Carton Douglas	Occupation Attorney		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) B. Yesenia Villasenor-Rodriguez		Date of Receipt M M / D D / Y Y Y Y 08 / 09 / 2006	
Mailing Address 191 North Wacker Drive, Suite 3700		Transaction ID: SA11A1.12317	
City State Zip Code Chicago IL 60606	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Gardner Carton Douglas	Occupation Attorney		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Margaret Warren		Date of Receipt M M / D D / Y Y Y Y 08 / 07 / 2006	
Mailing Address 19 N. Delphia		Transaction ID: SA11A1.12318	
City State Zip Code Park Ridge IL 60068	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Retired	Occupation Retired		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 475.00		

SUBTOTAL of Receipts This Page (optional) ▶	550.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Christy Webber		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2006	
Mailing Address 230 N. Western		Transaction ID: SA11A1.12331	
City State Zip Code Chicago IL 60612	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Self-employed Landscaper	Election Cycle-to-Date 1300.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) B. Marcus Wedner		Date of Receipt M M / D D / Y Y Y Y 07 / 12 / 2006	
Mailing Address 231 S. LaSalle St.		Transaction ID: SA11A1.12021	
City State Zip Code Chicago IL 60697	Amount of Each Receipt this Period 350.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Bank of America Banker	Election Cycle-to-Date 2100.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) C. Bill Weeks		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2006	
Mailing Address 5674 N. Ridge, Apt. 3S		Transaction ID: SA11A1.12063	
City State Zip Code Chicago IL 60660	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Chicago Public Schools Teacher	Election Cycle-to-Date 1375.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Receipts This Page (optional)	1650.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Bill Weeks		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2006
Mailing Address 5674 N. Ridge, Apt. 3S		Transaction ID: SA11A1.12351
City State Zip Code Chicago IL 60660	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Chicago Public Schools Occupation Teacher	Election Cycle-to-Date 1675.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) B. Jennifer Welch		Date of Receipt M M / D D / Y Y Y Y 07 / 26 / 2006
Mailing Address 100 W. Randolph Street		Transaction ID: SA11A1.12100
City State Zip Code Chicago IL 60601	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer IL Attorney General Office Occupation Policy Advisor	Election Cycle-to-Date 275.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) C. Kimberly White		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2006
Mailing Address 3161 N. Cambridge Avenue #309		Transaction ID: SA11A1.12062
City State Zip Code Chicago IL 60657	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Underwriters Laboratories Occupation Attorney	Election Cycle-to-Date 500.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 50 / 124
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Ann Wolff		Date of Receipt M M / D D / Y Y Y Y 07 / 12 / 2006
Mailing Address 915 Fisher Lane		Transaction ID: SA11A1.12001
City State Zip Code Winnetka IL 60093	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Self-employed Homemaker	Election Cycle-to-Date ▼ 300.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Matt Yale		Date of Receipt M M / D D / Y Y Y Y 07 / 26 / 2006
Mailing Address 200 East Randolph, Suite 2900		Transaction ID: SA11A1.12068
City State Zip Code Chicago IL 60601	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Ariel Capital Executive Assistant	Election Cycle-to-Date ▼ 800.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	400.00
TOTAL This Period (last page this line number only) ▶	46310.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 51 / 124
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. American College of Radiology Association PAC		Date of Receipt M M / D D / Y Y Y Y Y 07 / 26 / 2006
Mailing Address 1701 Pennsylvania Ave NW, #610		Transaction ID: SA11C.11981
City Washington State DC Zip Code 20006	FEC ID number of contributing federal political committee. C	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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 7000.00	

Full Name (Last, First, Middle Initial) B. American Federation of Teachers COPE		Date of Receipt M M / D D / Y Y Y Y Y 09 / 21 / 2006
Mailing Address 555 New Jersey Ave. NW		Transaction ID: SA11C.11996
City Washington State DC Zip Code 20001	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 10000.00	

Full Name (Last, First, Middle Initial) C. American Nurses Association PAC		Date of Receipt M M / D D / Y Y Y Y Y 09 / 21 / 2006
Mailing Address 600 Maryland Ave, SW, #100W		Transaction ID: SA11C.11997
City Washington State DC Zip Code 20024	FEC ID number of contributing federal political committee. C	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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 52 / 124
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. American Optometric Assoc. PAC		Date of Receipt M M / D D / Y Y Y Y Y 09 / 21 / 2006
Mailing Address 1505 Prince St., #300		Transaction ID: SA11C.11992
City Alexandria	State VA	Zip Code 22314
FEC ID number of contributing federal political committee. C		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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. American Veterinary Medical Assn PAC		Date of Receipt M M / D D / Y Y Y Y Y 08 / 08 / 2006
Mailing Address 1101 Vermont Ave. NW, Suite 710		Transaction ID: SA11C.11982
City Washington	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. C		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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. Citizens for Lou Lang		Date of Receipt M M / D D / Y Y Y Y Y 08 / 08 / 2006
Mailing Address P.O. Box 1815		Transaction ID: SA11C.11983
City Skokie	State IL	Zip Code 60076
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 575.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 124
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Citizens for Quigley, Inc.		Date of Receipt M M / D D / Y Y Y Y 07 / 26 / 2006	
Mailing Address 1411 W. Grace St.		Transaction ID: SA11C.11980	
City State Zip Code Chicago IL 60613		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) B. Human Rights Campaign PAC		Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2006	
Mailing Address 1640 Rhode Island Avenue NW		Transaction ID: SA11C.12656	
City State Zip Code Washington DC 20036		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		In-kind - Internet Listing <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2025.00	

Full Name (Last, First, Middle Initial) C. Intl. Association of Firefighters FIREPAC		Date of Receipt M M / D D / Y Y Y Y 08 / 04 / 2006	
Mailing Address 1750 New York Ave. NW		Transaction ID: SA11C.11984	
City State Zip Code Washington DC 20006		Amount of Each Receipt this Period 4000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 6000.00	

SUBTOTAL of Receipts This Page (optional) ▶	4125.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 54 / 124
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Intl Union of Bricklayers & Allied Craftsmen PAC

Mailing Address 815 15th Street, NW

City State Zip Code
Washington DC 20005

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt
M M / D D / Y Y Y Y
09 14 2006

Transaction ID: SA11C.11986

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)
Joint Action Committee for Political Affairs

Mailing Address P.O. Box 105

City State Zip Code
Highland Park IL 60035

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 14 2006

Transaction ID: SA11C.11989

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)
Laborers' Political League

Mailing Address 905- 16th Street N.W.

City State Zip Code
Washington DC 20006

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4500.00

Date of Receipt
M M / D D / Y Y Y Y
09 27 2006

Transaction ID: SA11C.11998

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)	4500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 55 / 124
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
National Association of Realtors PAC
Mailing Address 430 N. Michigan Ave.
City State Zip Code
Chicago IL 60611
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2006
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
8000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 14 / 2006
Transaction ID: SA11C.11987
Amount of Each Receipt this Period
1500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
National Community Pharmacists Assn-PAC
Mailing Address 100 Daingerfield Road
City State Zip Code
Alexandria VA 22314
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2006
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 21 / 2006
Transaction ID: SA11C.11994
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)
National Organization of Women PAC
Mailing Address P.O. Box 7157
City State Zip Code
Washington DC 20044
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2006
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 21 / 2006
Transaction ID: SA11C.11991
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) ► **3000.00**
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 56 / 124
	(check only one)
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. NEA Fund for Children & Public Education		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006
Mailing Address 1201-16th Street, NW		Transaction ID: SA11C.12000
City Washington	State DC	Zip Code 20036
Amount of Each Receipt this Period 3000.00		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. Service Employees International Union PAC		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006
Mailing Address 1313 L Street NW		Transaction ID: SA11C.11999
City Washington	State DC	Zip Code 20005
Amount of Each Receipt this Period 2500.00		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 7500.00	

Full Name (Last, First, Middle Initial) C. Sonnenschein Nath & Rosenthal LLP PAC		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006
Mailing Address 1301 K Street, NW, Suite 600E		Transaction ID: SA11C.11985
City Washington	State DC	Zip Code 20005
Amount of Each Receipt this Period 1000.00		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

SUBTOTAL of Receipts This Page (optional) ▶	6500.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 57 / 124	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Wine and Spirits Wholesalers of America PAC

Mailing Address 805 15th Street, NW, Suite 430

City	State	Zip Code
Washington	DC	20005

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

Name of Employer	Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt

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

Transaction ID: SA11C.11995

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	26675.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 58 / 124
	(check only one)
<input 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 checked="" type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Franklin Templeton Investments Mailing Address PO Box 33030 City St. Petersburg State FL Zip Code 33733 FEC ID number of contributing federal political committee. C		Date of Receipt <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>7</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA15.12458 Amount of Each Receipt this Period <table border="1"> <tr> <td>49.31</td> </tr> </table> Interest <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	7		0	5		2	0	0	6	49.31
M	M	/	D	D	/	Y	Y	Y	Y														
0	7		0	5		2	0	0	6														
49.31																							
Name of Employer Occupation Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <table border="1"> <tr> <td>774.13</td> </tr> </table>		774.13																					
774.13																							

B. Full Name (Last, First, Middle Initial) Franklin Templeton Investments Mailing Address PO Box 33030 City St. Petersburg State FL Zip Code 33733 FEC ID number of contributing federal political committee. C		Date of Receipt <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>8</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA15.12460 Amount of Each Receipt this Period <table border="1"> <tr> <td>52.25</td> </tr> </table> Interest <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	2		2	0	0	6	52.25
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		0	2		2	0	0	6														
52.25																							
Name of Employer Occupation Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <table border="1"> <tr> <td>826.38</td> </tr> </table>		826.38																					
826.38																							

C. Full Name (Last, First, Middle Initial) Franklin Templeton Investments Mailing Address PO Box 33030 City St. Petersburg State FL Zip Code 33733 FEC ID number of contributing federal political committee. C		Date of Receipt <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>9</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA15.12462 Amount of Each Receipt this Period <table border="1"> <tr> <td>53.42</td> </tr> </table> Interest <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	5		2	0	0	6	53.42
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		0	5		2	0	0	6														
53.42																							
Name of Employer Occupation Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <table border="1"> <tr> <td>879.80</td> </tr> </table>		879.80																					
879.80																							

SUBTOTAL of Receipts This Page (optional)	154.98
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 / 124
	<input 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 checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Park National Bank		Date of Receipt M M / D D / Y Y Y Y Y 07 / 17 / 2006
Mailing Address 2958 N. Milwaukee Avenue		Transaction ID: SA15.12459
City State Zip Code Chicago IL 60618	Amount of Each Receipt this Period 280.44	
FEC ID number of contributing federal political committee. C		Interest <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1402.19	

Full Name (Last, First, Middle Initial) B. Park National Bank		Date of Receipt M M / D D / Y Y Y Y Y 08 / 15 / 2006
Mailing Address 2958 N. Milwaukee Avenue		Transaction ID: SA15.12461
City State Zip Code Chicago IL 60618	Amount of Each Receipt this Period 289.78	
FEC ID number of contributing federal political committee. C		Interest <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1691.97	

Full Name (Last, First, Middle Initial) C. Park National Bank		Date of Receipt M M / D D / Y Y Y Y Y 09 / 15 / 2006
Mailing Address 2958 N. Milwaukee Avenue		Transaction ID: SA15.12463
City State Zip Code Chicago IL 60618	Amount of Each Receipt this Period 289.78	
FEC ID number of contributing federal political committee. C		Interest <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1981.75	

SUBTOTAL of Receipts This Page (optional) ▶	860.00
TOTAL This Period (last page this line number only) ▶	1014.98

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ADP		Transaction ID: SB17.12473 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 6 / 2 0 0 6
Mailing Address 100 N. Northwest Pt. Road		Amount of Each Disbursement this Period 56.68
City Elk Grove Village State IL Zip Code 60007	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll Service	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. ADP		Transaction ID: SB17.12468 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 4 / 2 0 0 6
Mailing Address 100 N. Northwest Pt. Road		Amount of Each Disbursement this Period 394.35
City Elk Grove Village State IL Zip Code 60007	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll Taxes	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. ADP		Transaction ID: SB17.12471 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 9 / 2 0 0 6
Mailing Address 100 N. Northwest Pt. Road		Amount of Each Disbursement this Period 71.15
City Elk Grove Village State IL Zip Code 60007	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll Taxes	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	522.18
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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ADP		Transaction ID: SB17.12469 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 6
Mailing Address 100 N. Northwest Pt. Road		Amount of Each Disbursement this Period 394.34
City Elk Grove Village State IL Zip Code 60007	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll Taxes	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. ADP		Transaction ID: SB17.12472 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 6
Mailing Address 100 N. Northwest Pt. Road		Amount of Each Disbursement this Period 61.15
City Elk Grove Village State IL Zip Code 60007	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll Service	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. ADP		Transaction ID: SB17.12470 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 6
Mailing Address 100 N. Northwest Pt. Road		Amount of Each Disbursement this Period 394.34
City Elk Grove Village State IL Zip Code 60007	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll Taxes	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶

849.83

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

<p>A. ADP</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 100 N. Northwest Pt. Road</p> <p>City Elk Grove Village State IL Zip Code 60007</p> <p>Purpose of Disbursement Payroll Service</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>Transaction ID: SB17.12475</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="61.15"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p>B. ADP</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 100 N. Northwest Pt. Road</p> <p>City Elk Grove Village State IL Zip Code 60007</p> <p>Purpose of Disbursement Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: SB17.12474</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="392.14"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p>C. ADP</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 100 N. Northwest Pt. Road</p> <p>City Elk Grove Village State IL Zip Code 60007</p> <p>Purpose of Disbursement Payroll Service</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>Transaction ID: SB17.12467</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="61.15"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="514.44"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

<p>A. ADP</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 100 N. Northwest Pt. Road</p> <p>City Elk Grove Village State IL Zip Code 60007</p> <p>Purpose of Disbursement Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: SB17.12466</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="386.65"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
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<p>B. ADP</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 100 N. Northwest Pt. Road</p> <p>City Elk Grove Village State IL Zip Code 60007</p> <p>Purpose of Disbursement Payroll Service</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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: SB17.12465</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="61.15"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
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<p>C. ADP</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 100 N. Northwest Pt. Road</p> <p>City Elk Grove Village State IL Zip Code 60007</p> <p>Purpose of Disbursement Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: SB17.12464</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="386.64"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
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<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="834.44"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Ameritech/SBC		Transaction ID: SB17.12479 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 0 / 2 0 0 6
Mailing Address PO Box 4520		Amount of Each Disbursement this Period 410.16 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Carol Stream State IL Zip Code 60197		
Purpose of Disbursement Telephone Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Ameritech/SBC		Transaction ID: SB17.12480 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 7 / 2 0 0 6
Mailing Address PO Box 4520		Amount of Each Disbursement this Period 401.10 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Carol Stream State IL Zip Code 60197		
Purpose of Disbursement Telephone Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Ameritech/SBC		Transaction ID: SB17.12478 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 6
Mailing Address PO Box 4520		Amount of Each Disbursement this Period 442.41 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Carol Stream State IL Zip Code 60197		
Purpose of Disbursement Telephone Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1253.67
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Armour, Alex		Transaction ID: SB17.12486 Date of Disbursement 07 / 14 / 2006	
Mailing Address 4713 Port Clinton		Amount of Each Disbursement this Period 1604.16	
City Highland Park State IL Zip Code 60635	Purpose of Disbursement Salary Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) B. Armour, Alex		Transaction ID: SB17.12485 Date of Disbursement 07 / 31 / 2006	
Mailing Address 4713 Port Clinton		Amount of Each Disbursement this Period 1604.16	
City Highland Park State IL Zip Code 60635	Purpose of Disbursement Salary Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) C. Armour, Alex		Transaction ID: SB17.12483 Date of Disbursement 08 / 15 / 2006	
Mailing Address 4713 Port Clinton		Amount of Each Disbursement this Period 1604.16	
City Highland Park State IL Zip Code 60635	Purpose of Disbursement Salary Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

SUBTOTAL of Disbursements This Page (optional) ▶	4812.48
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Armour, Alex</p> <p>Mailing Address 4713 Port Clinton</p> <p>City Highland Park State IL Zip Code 60635</p> <p>Purpose of Disbursement Salary</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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: SB17.12487</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p>	
<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1604.16"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>		<p>Category/Type</p>			
<p>B. Full Name (Last, First, Middle Initial) Armour, Alex</p> <p>Mailing Address 4713 Port Clinton</p> <p>City Highland Park State IL Zip Code 60635</p> <p>Purpose of Disbursement Salary</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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: SB17.12482</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p>	
<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1604.16"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>		<p>Category/Type</p>			
<p>C. Full Name (Last, First, Middle Initial) Armour, Alex</p> <p>Mailing Address 4713 Port Clinton</p> <p>City Highland Park State IL Zip Code 60635</p> <p>Purpose of Disbursement Salary</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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: SB17.12484</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p>	
<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1604.16"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>		<p>Category/Type</p>			

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>4812.48</p>
<p>TOTAL This Period (last page this line number only)</p>	<p></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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

<p>A. Armour, Alex</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 4713 Port Clinton</p> <p>City Highland Park State IL Zip Code 60635</p> <p>Purpose of Disbursement Food & Beverage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: SB17.12481</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="21"/> / <input type="text" value="20"/> <input type="text" value="06"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="102.20"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p>B. Costco</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 1200 Fern Street</p> <p>City Arlington State VA Zip Code 22202</p> <p>Purpose of Disbursement Food & Beverage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: SB17.12481.0</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="21"/> / <input type="text" value="20"/> <input type="text" value="06"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="102.20"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p> <p>[MEMO ITEM]</p>

<p>C. AT&T</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address P.O. Box 27-866</p> <p>City Kansas City State MO Zip Code 64184</p> <p>Purpose of Disbursement Telephone</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>Transaction ID: SB17.12491</p> <p>Date of Disbursement</p> <p><input type="text" value="07"/> <input type="text" value="10"/> / <input type="text" value="20"/> <input type="text" value="06"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="212.60"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>314.80</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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. AT&T		Transaction ID: SB17.12488 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 4 / 2 0 0 6
Mailing Address P.O. Box 27-866		Amount of Each Disbursement this Period 8.56
City Kansas City State MO Zip Code 64184	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Telephone Service Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. AT&T		Transaction ID: SB17.12489 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 7 / 2 0 0 6
Mailing Address P.O. Box 27-866		Amount of Each Disbursement this Period 189.49
City Kansas City State MO Zip Code 64184	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Telephone Service Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. AT&T		Transaction ID: SB17.12490 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 6
Mailing Address P.O. Box 27-866		Amount of Each Disbursement this Period 11.69
City Kansas City State MO Zip Code 64184	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Telephone Service Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	209.74
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. AT&T		Transaction ID: SB17.12492 Date of Disbursement 09 / 05 / 2006	
Mailing Address P.O. Box 27-866		Amount of Each Disbursement this Period 198.65	
City Kansas City State MO Zip Code 64184	Purpose of Disbursement Telephone Service Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. AT&T Wireless		Transaction ID: SB17.12493 Date of Disbursement 08 / 29 / 2006	
Mailing Address PO Box 27-866		Amount of Each Disbursement this Period 118.06	
City Kansas City State MO Zip Code 64184	Purpose of Disbursement Telephone Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. AT&T Wireless		Transaction ID: SB17.12494 Date of Disbursement 09 / 06 / 2006	
Mailing Address PO Box 27-866		Amount of Each Disbursement this Period 359.16	
City Kansas City State MO Zip Code 64184	Purpose of Disbursement Telephone Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	675.87
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Bank One		Transaction ID: SB17.11833 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 0 / 2 0 0 6
Mailing Address PO Box 53084		Amount of Each Disbursement this Period 2541.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Atlanta State GA Zip Code 30353		
Purpose of Disbursement Itemization Attached Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Office Depot		Transaction ID: SB17.11833.0 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 0 / 2 0 0 6
Mailing Address 1916 Dempster		Amount of Each Disbursement this Period 199.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Evanston State IL Zip Code 60202		
Purpose of Disbursement Office Supplies Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Postmaster of Evanston		Transaction ID: SB17.11833.2 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 0 / 2 0 0 6
Mailing Address 1101 Davis		Amount of Each Disbursement this Period 444.16 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Evanston State IL Zip Code 60201		
Purpose of Disbursement Postage Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2541.25
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

<p>A. Subway</p> <p>Full Name (Last, First, Middle Initial) Subway</p> <p>Mailing Address 5324 N. Broadway</p> <p>City Chicago State IL Zip Code 60640</p> <p>Purpose of Disbursement Food & Beverage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: SB17.11833.3</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="12.57"/></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>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type</p>		

<p>B. Federal Express</p> <p>Full Name (Last, First, Middle Initial) Federal Express</p> <p>Mailing Address P.O. Box 1140</p> <p>City Memphis State TN Zip Code 38101</p> <p>Purpose of Disbursement Shipping</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>Transaction ID: SB17.11833.5</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="93.62"/></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>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type</p>		

<p>C. America Online</p> <p>Full Name (Last, First, Middle Initial) America Online</p> <p>Mailing Address P.O. Box 28640</p> <p>City Jacksonville State FL Zip Code 32226</p> <p>Purpose of Disbursement Internet Service</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>Transaction ID: SB17.11833.7</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="8.66"/></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>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type</p>		

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="0.00"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. American Airlines		Transaction ID: SB17.11833.8 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 0 / 2 0 0 6
Mailing Address P.O. Box 619612		Amount of Each Disbursement this Period 268.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Dallas State TX Zip Code 75261		
Purpose of Disbursement Travel Expenses Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Old Ebbett Grill		Transaction ID: SB17.11833.9 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 0 / 2 0 0 6
Mailing Address 675 15th Street NW		Amount of Each Disbursement this Period 100.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Washington State DC Zip Code 20005		
Purpose of Disbursement Food & Beverage Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Central Park		Transaction ID: SB17.11833.10 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 0 / 2 0 0 6
Mailing Address 3140 N. Central Avenue		Amount of Each Disbursement this Period 34.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Chicago State IL Zip Code 60634		
Purpose of Disbursement Parking Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. J2 Efax Service		Transaction ID: SB17.11833.13 Date of Disbursement 07 / 10 / 2006	
Mailing Address 6922 Hollywood Blvd., 5th Floor		Amount of Each Disbursement this Period 12.95	
City Los Angeles State CA Zip Code 90028	Purpose of Disbursement Fax Service	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			

Full Name (Last, First, Middle Initial) B. Walgreens		Transaction ID: SB17.11833.14 Date of Disbursement 07 / 10 / 2006	
Mailing Address 635 Chicago Avenue		Amount of Each Disbursement this Period 21.99	
City Evanston State IL Zip Code 60202	Purpose of Disbursement Food & Beverage	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			

Full Name (Last, First, Middle Initial) C. Jewel Osco		Transaction ID: SB17.11833.15 Date of Disbursement 07 / 10 / 2006	
Mailing Address 1128 Chicago Avenue		Amount of Each Disbursement this Period 79.72	
City Evanston State IL Zip Code 60202	Purpose of Disbursement Food & Beverage	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Enterprise Rental Car		Transaction ID: SB17.11833.16 Date of Disbursement
Mailing Address 6801 Wayzata Blvd.		<input type="text" value="07"/> / <input type="text" value="10"/> / <input type="text" value="2006"/>
City Minneapolis	State MN	Zip Code 55426
Purpose of Disbursement Transportation Expenses	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="204.11"/>
Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Home Depot		Transaction ID: SB17.11833.18 Date of Disbursement
Mailing Address 2301 Oakton Street		<input type="text" value="07"/> / <input type="text" value="10"/> / <input type="text" value="2006"/>
City Evanston	State IL	Zip Code 60201
Purpose of Disbursement Hardware Supplies	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="83.60"/>
Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. Holiday Inn on the Hill		Transaction ID: SB17.11833.21 Date of Disbursement
Mailing Address 415 New Jersey Avenue NW		<input type="text" value="07"/> / <input type="text" value="10"/> / <input type="text" value="2006"/>
City Washington	State DC	Zip Code 20001
Purpose of Disbursement Travel Expenses	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="396.17"/>
Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="0.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

<p>A. Bank One</p> <p>Full Name (Last, First, Middle Initial) Mailing Address PO Box 53084</p>		<p>Transaction ID: SB17.11862 Date of Disbursement 08 / 09 / 2006</p>
<p>City Atlanta State GA Zip Code 30353</p>	<p>Amount of Each Disbursement this Period 3857.76</p>	
<p>Purpose of Disbursement Itemization Attached Candidate Name</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	

<p>B. Prairie Moon</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 1502 Sherman Avenue</p>		<p>Transaction ID: SB17.11862.0 Date of Disbursement 08 / 09 / 2006</p>
<p>City Evanston State IL Zip Code 60201</p>	<p>Amount of Each Disbursement this Period 148.52</p>	
<p>Purpose of Disbursement Food & Beverage Candidate Name</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	

<p>C. Athena</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 212 S. Halstad Street</p>		<p>Transaction ID: SB17.11862.1 Date of Disbursement 08 / 09 / 2006</p>
<p>City Chicago State IL Zip Code 60661</p>	<p>Amount of Each Disbursement this Period 65.60</p>	
<p>Purpose of Disbursement Food & Beverage Candidate Name</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>3857.76</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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Enterprise Rental Car		Transaction ID: SB17.11862.4 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 0 6
Mailing Address 6801 Wayzata Blvd.		Amount of Each Disbursement this Period 412.46
City Minneapolis State MN Zip Code 55426	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Travel Expenses	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Home Depot		Transaction ID: SB17.11862.6 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 0 6
Mailing Address 2301 Oakton Street		Amount of Each Disbursement this Period 88.16
City Evanston State IL Zip Code 60201	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Hardware Supplies	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Postmaster of Evanston		Transaction ID: SB17.11862.7 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 0 6
Mailing Address 1101 Davis		Amount of Each Disbursement this Period 976.35
City Evanston State IL Zip Code 60201	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Postage	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. US Airways		Transaction ID: SB17.11862.8 Date of Disbursement 08 / 09 / 2006	
Mailing Address 2345 Crystal Drive		Amount of Each Disbursement this Period 319.30	
City Arlington State VA Zip Code 22227	Purpose of Disbursement Travel Expenses	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) B. Staples		Transaction ID: SB17.11862.9 Date of Disbursement 08 / 09 / 2006	
Mailing Address 4610 N. Clark Street		Amount of Each Disbursement this Period 198.28	
City Chicago State IL Zip Code 60640	Purpose of Disbursement Office Supplies	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) C. Office Depot		Transaction ID: SB17.11862.11 Date of Disbursement 08 / 09 / 2006	
Mailing Address 1916 Dempster		Amount of Each Disbursement this Period 149.32	
City Evanston State IL Zip Code 60202	Purpose of Disbursement Office Supplies	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]	

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Walgreens		Transaction ID: SB17.11862.12 Date of Disbursement MM / DD / YYYY 08 / 09 / 2006
Mailing Address 635 Chicago Avenue		Amount of Each Disbursement this Period 27.09 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Evanston State IL Zip Code 60202		
Purpose of Disbursement Food & Beverage Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Federal Express		Transaction ID: SB17.11862.14 Date of Disbursement MM / DD / YYYY 08 / 09 / 2006
Mailing Address P.O. Box 1140		Amount of Each Disbursement this Period 59.33 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Memphis State TN Zip Code 38101		
Purpose of Disbursement Shipping Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. America Online		Transaction ID: SB17.11862.15 Date of Disbursement MM / DD / YYYY 08 / 09 / 2006
Mailing Address P.O. Box 28640		Amount of Each Disbursement this Period 6.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Jacksonville State FL Zip Code 32226		
Purpose of Disbursement Internet Service Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

<p>A. Subway</p> <p>Full Name (Last, First, Middle Initial) Subway</p> <p>Mailing Address 5324 N. Broadway</p> <p>City Chicago State IL Zip Code 60640</p> <p>Purpose of Disbursement Food & Beverage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: SB17.11862.16</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="25.68"/></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>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p>B. Standard Park</p> <p>Full Name (Last, First, Middle Initial) Standard Park</p> <p>Mailing Address 203 N. La Salle Street</p> <p>City Chicago State IL Zip Code 60601</p> <p>Purpose of Disbursement Parking</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>Transaction ID: SB17.11862.17</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="52.00"/></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>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p>C. Card and Party Giant</p> <p>Full Name (Last, First, Middle Initial) Card and Party Giant</p> <p>Mailing Address 1880 Fullerton</p> <p>City Chicago State IL Zip Code 60614</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>Transaction ID: SB17.11862.19</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="35.80"/></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>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="0.00"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Dominicks		Transaction ID: SB17.11862.20 Date of Disbursement 08 / 09 / 2006	
Mailing Address 6312 Nagle Avenue		Amount of Each Disbursement this Period 36.58	
City Chicago State IL Zip Code 60646	Purpose of Disbursement Food & Beverage	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) B. J2 Efax Service		Transaction ID: SB17.11862.22 Date of Disbursement 08 / 09 / 2006	
Mailing Address 6922 Hollywood Blvd., 5th Floor		Amount of Each Disbursement this Period 12.95	
City Los Angeles State CA Zip Code 90028	Purpose of Disbursement Fax Service	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) C. Fire House Grill		Transaction ID: SB17.11862.25 Date of Disbursement 08 / 09 / 2006	
Mailing Address 750 Chicago Avenue		Amount of Each Disbursement this Period 29.32	
City Evanston State IL Zip Code 60202	Purpose of Disbursement Food & Beverage	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]	

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Village Transportation		Transaction ID: SB17.11862.26 Date of Disbursement MM / DD / YYYY 08 / 09 / 2006
Mailing Address 4100 S. Wabash Avenue		Amount of Each Disbursement this Period 245.00
City Chicago State IL Zip Code 60653	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Travel Expenses	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Amtrak		Transaction ID: SB17.11862.28 Date of Disbursement MM / DD / YYYY 08 / 09 / 2006
Mailing Address 50 Massachusetts Avenue NW		Amount of Each Disbursement this Period 224.00
City Washington State DC Zip Code 20001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Travel Expenses	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. United Airlines		Transaction ID: SB17.11862.29 Date of Disbursement MM / DD / YYYY 08 / 09 / 2006
Mailing Address P.O. Box 66100		Amount of Each Disbursement this Period 15.00
City Chicago State IL Zip Code 60666	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Travel Expenses	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Delta Airlines		Transaction ID: SB17.11862.30 Date of Disbursement MM / DD / YYYY 08 / 09 / 2006
Mailing Address P.O. Box 20706		Amount of Each Disbursement this Period 319.30
City Atlanta State GA Zip Code 30320	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Travel Expenses	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Bank One		Transaction ID: SB17.11908 Date of Disbursement MM / DD / YYYY 09 / 12 / 2006
Mailing Address PO Box 53084		Amount of Each Disbursement this Period 4431.27
City Atlanta State GA Zip Code 30353	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Itemization Attached	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Staples		Transaction ID: SB17.11908.0 Date of Disbursement MM / DD / YYYY 09 / 12 / 2006
Mailing Address 4610 N. Clark Street		Amount of Each Disbursement this Period 25.04
City Chicago State IL Zip Code 60640	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Office Supplies	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4431.27
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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Heckys BBQ		Transaction ID: SB17.11908.1 Date of Disbursement 09 / 12 / 2006
Mailing Address 1902 Green Bay Road		Amount of Each Disbursement this Period 1158.04
City Evanston State IL Zip Code 60201	Purpose of Disbursement Catering	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Kaufman Bagel		Transaction ID: SB17.11908.2 Date of Disbursement 09 / 12 / 2006
Mailing Address 4905 Dempster Street		Amount of Each Disbursement this Period 381.75
City Skokie State IL Zip Code 60077	Purpose of Disbursement Food & Beverage	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Walgreens		Transaction ID: SB17.11908.3 Date of Disbursement 09 / 12 / 2006
Mailing Address 635 Chicago Avenue		Amount of Each Disbursement this Period 55.68
City Evanston State IL Zip Code 60202	Purpose of Disbursement Food & Beverage	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

<p>A. Subway</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 5324 N. Broadway</p> <p>City Chicago State IL Zip Code 60640</p> <p>Purpose of Disbursement Food & Beverage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: SB17.11908.5</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> / <input type="text" value="12"/> / <input type="text" value="2006"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="18.48"/></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>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p>B. Postmaster of Evanston</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 1101 Davis</p> <p>City Evanston State IL Zip Code 60201</p> <p>Purpose of Disbursement Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: SB17.11908.6</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> / <input type="text" value="12"/> / <input type="text" value="2006"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="789.00"/></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>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p>C. Jewel Osco</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 1128 Chicago Avenue</p> <p>City Evanston State IL Zip Code 60202</p> <p>Purpose of Disbursement Food & Beverage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: SB17.11908.7</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> / <input type="text" value="12"/> / <input type="text" value="2006"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="168.73"/></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>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="0.00"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A. Card and Party Giant Full Name (Last, First, Middle Initial) Mailing Address 1880 Fullerton City Chicago State IL Zip Code 60614 Purpose of Disbursement Office & Event Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.11908.8 Date of Disbursement 09 / 12 / 2006 Amount of Each Disbursement this Period 133.79 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
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B. House of Rental Full Name (Last, First, Middle Initial) Mailing Address 3750 Dempster City Skokie State IL Zip Code 60076 Purpose of Disbursement Equipment Rental Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.11908.9 Date of Disbursement 09 / 12 / 2006 Amount of Each Disbursement this Period 336.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
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C. Dominicks Full Name (Last, First, Middle Initial) Mailing Address 6312 Nagle Avenue City Chicago State IL Zip Code 60646 Purpose of Disbursement Food & Beverage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.11908.11 Date of Disbursement 09 / 12 / 2006 Amount of Each Disbursement this Period 42.77 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
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SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. General Park		Transaction ID: SB17.11908.12 Date of Disbursement 09 / 12 / 2006	
Mailing Address 112 N. Clark Street		Amount of Each Disbursement this Period 21.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
City Chicago	State IL		Zip Code 60602
Purpose of Disbursement Parking			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

Full Name (Last, First, Middle Initial) B. America Online		Transaction ID: SB17.11908.14 Date of Disbursement 09 / 12 / 2006	
Mailing Address P.O. Box 28640		Amount of Each Disbursement this Period 14.13 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
City Jacksonville	State FL		Zip Code 32226
Purpose of Disbursement Internet Service			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

Full Name (Last, First, Middle Initial) C. Central Park		Transaction ID: SB17.11908.17 Date of Disbursement 09 / 12 / 2006	
Mailing Address 3140 N. Central Avenue		Amount of Each Disbursement this Period 61.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
City Chicago	State IL		Zip Code 60634
Purpose of Disbursement Parking			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. J2 Efax Service		Transaction ID: SB17.11908.19 Date of Disbursement 09 / 12 / 2006	
Mailing Address 6922 Hollywood Blvd., 5th Floor		Amount of Each Disbursement this Period 22.95	
City Los Angeles State CA Zip Code 90028	Purpose of Disbursement Fax Service	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			

Full Name (Last, First, Middle Initial) B. Office Max		Transaction ID: SB17.11908.24 Date of Disbursement 09 / 12 / 2006	
Mailing Address 1633 Chicago Avenue		Amount of Each Disbursement this Period 47.04	
City Evanston State IL Zip Code 60201	Purpose of Disbursement Office Supplies	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			

Full Name (Last, First, Middle Initial) C. United Airlines		Transaction ID: SB17.11908.26 Date of Disbursement 09 / 12 / 2006	
Mailing Address P.O. Box 66100		Amount of Each Disbursement this Period 516.60	
City Chicago State IL Zip Code 60666	Purpose of Disbursement Travel Expenses	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. O'Hare Airport		Transaction ID: SB17.11908.27 Date of Disbursement 09 / 12 / 2006	
Mailing Address 5 Terminal 3		Amount of Each Disbursement this Period 26.00	
City Chicago State IL Zip Code 60666	Purpose of Disbursement Parking	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]		

Full Name (Last, First, Middle Initial) B. Blue Cross Blue Shield of IL		Transaction ID: SB17.12495 Date of Disbursement 08 / 10 / 2006	
Mailing Address PO Box 1364		Amount of Each Disbursement this Period 570.76	
City Chicago State IL Zip Code 60690	Purpose of Disbursement Health Insurance	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			

Full Name (Last, First, Middle Initial) C. Broadway 55 LLC		Transaction ID: SB17.12499 Date of Disbursement 07 / 03 / 2006	
Mailing Address 36 W. Rudolf #800		Amount of Each Disbursement this Period 1200.00	
City Chicago State IL Zip Code 60601	Purpose of Disbursement Rent	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			

SUBTOTAL of Disbursements This Page (optional) ▶	1770.76
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Broadway 55 LLC		Transaction ID: SB17.12498 Date of Disbursement 09 / 25 / 2006	
Mailing Address 36 W. Rudolf #800		Amount of Each Disbursement this Period 1200.00	
City Chicago State IL Zip Code 60601	Purpose of Disbursement Rent	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) B. Capitol Fax		Transaction ID: SB17.12501 Date of Disbursement 07 / 12 / 2006	
Mailing Address 151 N. Michigan Avenue #1504		Amount of Each Disbursement this Period 350.00	
City Chicago State IL Zip Code 60601	Purpose of Disbursement Fax Service	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) C. Chestnut Grill		Transaction ID: SB17.12502 Date of Disbursement 07 / 20 / 2006	
Mailing Address 200 E. Chestnut		Amount of Each Disbursement this Period 3500.00	
City Chicago State IL Zip Code 60611	Purpose of Disbursement Catering	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

SUBTOTAL of Disbursements This Page (optional) ▶	5050.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Chicago Jewish News		Transaction ID: SB17.12505 Date of Disbursement 08 / 28 / 2006
Mailing Address P.O. Box 268		Amount of Each Disbursement this Period 216.75
City Skokie State IL Zip Code 60076	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Advertisement Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Chicago Network		Transaction ID: SB17.12506 Date of Disbursement 08 / 23 / 2006
Mailing Address 5734 S. Kimback		Amount of Each Disbursement this Period 600.00
City Chicago State IL Zip Code 60637	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Membership Dues Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Cingular Wireless		Transaction ID: SB17.12513 Date of Disbursement 07 / 03 / 2006
Mailing Address 5565 Glenridge Connector		Amount of Each Disbursement this Period 134.68
City Atlanta State GA Zip Code 30342	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Telephone Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	951.43
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Cingular Wireless		Transaction ID: SB17.12512 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 9 / 2 0 0 6
Mailing Address 5565 Glenridge Connector		Amount of Each Disbursement this Period 278.98 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Atlanta State GA Zip Code 30342		
Purpose of Disbursement Telephone Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Cingular Wireless		Transaction ID: SB17.12511 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 5 / 2 0 0 6
Mailing Address 5565 Glenridge Connector		Amount of Each Disbursement this Period 117.48 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Atlanta State GA Zip Code 30342		
Purpose of Disbursement Telephone Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Cingular Wireless		Transaction ID: SB17.12507 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 6
Mailing Address 5565 Glenridge Connector		Amount of Each Disbursement this Period 129.99 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Atlanta State GA Zip Code 30342		
Purpose of Disbursement Telephone Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	526.45
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Cingular Wireless		Transaction ID: SB17.12509 Date of Disbursement MM / DD / YYYY 08 / 09 / 2006
Mailing Address 5565 Glenridge Connector		Amount of Each Disbursement this Period 281.26 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Atlanta State GA Zip Code 30342		
Purpose of Disbursement Telephone Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Cingular Wireless		Transaction ID: SB17.12508 Date of Disbursement MM / DD / YYYY 09 / 12 / 2006
Mailing Address 5565 Glenridge Connector		Amount of Each Disbursement this Period 275.66 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Atlanta State GA Zip Code 30342		
Purpose of Disbursement Telephone Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Cingular Wireless		Transaction ID: SB17.12510 Date of Disbursement MM / DD / YYYY 09 / 25 / 2006
Mailing Address 5565 Glenridge Connector		Amount of Each Disbursement this Period 128.53 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Atlanta State GA Zip Code 30342		
Purpose of Disbursement Telephone Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	685.45
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Creative Impressions LLC		Transaction ID: SB17.12518 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 7 / 2 0 0 6
Mailing Address 3408 North Pershing Drive		Amount of Each Disbursement this Period 1700.00
City Arlington State VA Zip Code 22201	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Catering	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Creative Impressions LLC		Transaction ID: SB17.12517 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 6
Mailing Address 3408 North Pershing Drive		Amount of Each Disbursement this Period 458.99
City Arlington State VA Zip Code 22201	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Catering	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Dev. Corps North		Transaction ID: SB17.12521 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 3 / 2 0 0 6
Mailing Address 1448 W. Howard		Amount of Each Disbursement this Period 75.00
City Chicago State IL Zip Code 60626	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Membership	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2233.99
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Diamond Marketing Solutions		Transaction ID: SB17.12522 Date of Disbursement																					
Mailing Address 280 Madsen 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>9</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	4		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		1	4		2	0	0	6														
City Bloomingtondale	State IL	Zip Code 60108																					
Purpose of Disbursement Printing		Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">3025.54</td> </tr> </table>		3025.54																			
3025.54																							
Candidate Name		Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: _____ District: _____																							

Transaction ID: SB17.12522
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	0	6

Amount of Each Disbursement this Period

3025.54									
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Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. Evanston/Skokie CC Sch Dst 65		Transaction ID: SB17.12533 Date of Disbursement																					
Mailing Address 1500 McDaniel Avenue		<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>9</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	3		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		1	3		2	0	0	6														
City Evanston	State IL	Zip Code 60201																					
Purpose of Disbursement Facility Rental		Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">564.00</td> </tr> </table>		564.00																			
564.00																							
Candidate Name		Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: _____ District: _____																							

Transaction ID: SB17.12533
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	3		2	0	0	6

Amount of Each Disbursement this Period

564.00									
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Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. Evanston Community Foundation		Transaction ID: SB17.12529 Date of Disbursement																					
Mailing Address 828 Davis #310		<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>9</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	7		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		0	7		2	0	0	6														
City Evanston	State IL	Zip Code 60201																					
Purpose of Disbursement Event Tickets		Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>		1000.00																			
1000.00																							
Candidate Name		Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: _____ District: _____																							

Transaction ID: SB17.12529
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	7		2	0	0	6

Amount of Each Disbursement this Period

1000.00									
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Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ►

4589.54									
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TOTAL This Period (last page this line number only) ►

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Gersten, Sarah		Transaction ID: SB17.12540 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 4 / 2 0 0 6
Mailing Address 3909 N. Sheridan #1H		Amount of Each Disbursement this Period 2750.00
City Chicago State IL Zip Code 60613	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Salary Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Gersten, Sarah		Transaction ID: SB17.12537 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 6
Mailing Address 3909 N. Sheridan #1H		Amount of Each Disbursement this Period 80.00
City Chicago State IL Zip Code 60613	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Travel Expenses Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Gersten, Sarah		Transaction ID: SB17.12535 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 6
Mailing Address 3909 N. Sheridan #1H		Amount of Each Disbursement this Period 2750.00
City Chicago State IL Zip Code 60613	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Salary Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	5580.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Gersten, Sarah		Transaction ID: SB17.12542 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 6	
Mailing Address 3909 N. Sheridan #1H		Amount of Each Disbursement this Period 2750.00	
City Chicago State IL Zip Code 60613	Purpose of Disbursement Salary Candidate Name Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Gersten, Sarah		Transaction ID: SB17.12536 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6	
Mailing Address 3909 N. Sheridan #1H		Amount of Each Disbursement this Period 2750.00	
City Chicago State IL Zip Code 60613	Purpose of Disbursement Salary Candidate Name Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Gersten, Sarah		Transaction ID: SB17.12539 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6	
Mailing Address 3909 N. Sheridan #1H		Amount of Each Disbursement this Period 2750.00	
City Chicago State IL Zip Code 60613	Purpose of Disbursement Salary Candidate Name Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Disbursements This Page (optional) ▶	8250.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

<p>A. Gersten, Sarah</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 3909 N. Sheridan #1H</p> <p>City Chicago State IL Zip Code 60613</p> <p>Purpose of Disbursement Salary</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>Transaction ID: SB17.12541</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="06"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2750.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type</p>		

<p>B. Gersten, Sarah</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 3909 N. Sheridan #1H</p> <p>City Chicago State IL Zip Code 60613</p> <p>Purpose of Disbursement Food & Beverage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: SB17.12534</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="20"/> / <input type="text" value="20"/> <input type="text" value="06"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="474.32"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type</p>		

<p>C. Costco</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 1200 Fern Street</p> <p>City Arlington State VA Zip Code 22202</p> <p>Purpose of Disbursement Food & Beverage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: SB17.12534.0</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="20"/> / <input type="text" value="20"/> <input type="text" value="06"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="474.32"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type</p>		

[MEMO ITEM]

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="3224.32"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Gersten, Sarah		Transaction ID: SB17.12538 Date of Disbursement 09 / 20 / 2006	
Mailing Address 3909 N. Sheridan #1H		Amount of Each Disbursement this Period 45.00	
City Chicago State IL Zip Code 60613	Purpose of Disbursement Travel Expenses	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) B. IL Dept. of Revenue		Transaction ID: SB17.12543 Date of Disbursement 08 / 25 / 2006	
Mailing Address 245 West Roosevelt Road		Amount of Each Disbursement this Period 280.50	
City West Chicago State IL Zip Code 60185	Purpose of Disbursement Tax Payment	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) C. IVI/IPO		Transaction ID: SB17.12545 Date of Disbursement 08 / 07 / 2006	
Mailing Address 201 N. Wells		Amount of Each Disbursement this Period 162.50	
City Chicago State IL Zip Code 60606	Purpose of Disbursement Advertisement	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

SUBTOTAL of Disbursements This Page (optional) ▶	488.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Ixia		Transaction ID: SB17.12548 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 3 / 2 0 0 6
Mailing Address 1630 Chicago Ave.		Amount of Each Disbursement this Period 55.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Evanston State IL Zip Code 60201		
Purpose of Disbursement Flowers Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) Ixia		Transaction ID: SB17.12547 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 7 / 2 0 0 6
Mailing Address 1630 Chicago Ave.		Amount of Each Disbursement this Period 45.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Evanston State IL Zip Code 60201		
Purpose of Disbursement Flowers Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) Ixia		Transaction ID: SB17.12546 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 0 6
Mailing Address 1630 Chicago Ave.		Amount of Each Disbursement this Period 50.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Evanston State IL Zip Code 60201		
Purpose of Disbursement Flowers Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶

150.00

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)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Jewish Star		Transaction ID: SB17.12549 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 6
Mailing Address PO Box 268		Amount of Each Disbursement this Period 177.75
City Skokie State IL Zip Code 60076	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Advertisement	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. La Prairie, Dean		Transaction ID: SB17.12550 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 6
Mailing Address 4453 N. Paulina		Amount of Each Disbursement this Period 325.00
City Chicago State IL Zip Code 60640	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Photography	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. League of Women Voters Evanston		Transaction ID: SB17.12553 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 2 / 2 0 0 6
Mailing Address 2100 Ridge		Amount of Each Disbursement this Period 60.00
City Evanston State IL Zip Code 60201	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Tickets for Event	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	562.75
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Less In-kinds to Federal Candidates		Transaction ID: SB17.11905 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 7 / 2 0 0 6
Mailing Address P.O. Box 5130		Amount of Each Disbursement this Period -681.41 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Evanston State IL Zip Code 60204	Purpose of Disbursement for Travel Expense In-kind, See Line 21 Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Less In-kinds to Federal Candidates		Transaction ID: SB17.11907 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 3 / 2 0 0 6
Mailing Address P.O. Box 5130		Amount of Each Disbursement this Period -463.51 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Evanston State IL Zip Code 60204	Purpose of Disbursement for Catering In-kind, See Line 21 Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Masters, Amy		Transaction ID: SB17.12558 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 0 6
Mailing Address 1390 W. Roscoe #2		Amount of Each Disbursement this Period 350.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Chicago State IL Zip Code 60657	Purpose of Disbursement Graphic Design Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	-794.92
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mid-City Printing		Transaction ID: SB17.12561 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 6
Mailing Address 5526 W. Montrose		Amount of Each Disbursement this Period 210.00
City Chicago State IL Zip Code 60641	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Printing	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Mid-City Printing		Transaction ID: SB17.12565 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6
Mailing Address 5526 W. Montrose		Amount of Each Disbursement this Period 1150.00
City Chicago State IL Zip Code 60641	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Printing	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Mid-City Printing		Transaction ID: SB17.12566 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6
Mailing Address 5526 W. Montrose		Amount of Each Disbursement this Period 266.00
City Chicago State IL Zip Code 60641	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Printing	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1626.00
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)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mid-City Printing		Transaction ID: SB17.12562 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 6
Mailing Address 5526 W. Montrose		Amount of Each Disbursement this Period 440.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Chicago State IL Zip Code 60641		
Purpose of Disbursement Printing Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Mid-City Printing		Transaction ID: SB17.12563 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 1 / 2 0 0 6
Mailing Address 5526 W. Montrose		Amount of Each Disbursement this Period 1342.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Chicago State IL Zip Code 60641		
Purpose of Disbursement Printing Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Mid-City Printing		Transaction ID: SB17.12564 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 6
Mailing Address 5526 W. Montrose		Amount of Each Disbursement this Period 182.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Chicago State IL Zip Code 60641		
Purpose of Disbursement Printing Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1964.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Moneris		Transaction ID: SB17.12568 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 6 / 2 0 0 6
Mailing Address 700 E. Lake Cook Road		Amount of Each Disbursement this Period 36.96
City Buffalo Grove State IL Zip Code 60089	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Credit Card Processing	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Moneris		Transaction ID: SB17.12569 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 6 / 2 0 0 6
Mailing Address 700 E. Lake Cook Road		Amount of Each Disbursement this Period 143.78
City Buffalo Grove State IL Zip Code 60089	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Credit Card Processing	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Moneris		Transaction ID: SB17.12570 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6
Mailing Address 700 E. Lake Cook Road		Amount of Each Disbursement this Period 86.83
City Buffalo Grove State IL Zip Code 60089	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Credit Card Processing	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	267.57
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)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Moneris		Transaction ID: SB17.12571 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6
Mailing Address 700 E. Lake Cook Road		Amount of Each Disbursement this Period 88.09
City Buffalo Grove State IL Zip Code 60089	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Credit Card Processing	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Moneris		Transaction ID: SB17.12567 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 0 6
Mailing Address 700 E. Lake Cook Road		Amount of Each Disbursement this Period 190.90
City Buffalo Grove State IL Zip Code 60089	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Credit Card Processing	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Moneris		Transaction ID: SB17.12572 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 0 6
Mailing Address 700 E. Lake Cook Road		Amount of Each Disbursement this Period 36.95
City Buffalo Grove State IL Zip Code 60089	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Credit Card Processing	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	315.94
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)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Niles Chamber of Commerce		Transaction ID: SB17.12578 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 7 / 2 0 0 6
Mailing Address 7900 North Milwaukee		Amount of Each Disbursement this Period 200.00
City Niles State IL Zip Code 60714	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Membership Dues	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Niles Chamber of Commerce		Transaction ID: SB17.12577 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 6 / 2 0 0 6
Mailing Address 7900 North Milwaukee		Amount of Each Disbursement this Period 100.00
City Niles State IL Zip Code 60714	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Event Tickets	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Old Ebbitt Grill		Transaction ID: SB17.12582 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 3 / 2 0 0 6
Mailing Address 675 15th Street, NW		Amount of Each Disbursement this Period 500.00
City Washington State DC Zip Code 20005	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Catering	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	800.00
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)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Park Ridge Chamber of Commerce		Transaction ID: SB17.12583 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 6
Mailing Address 32 Main Street #B		Amount of Each Disbursement this Period 25.00
City Park Ridge State IL Zip Code 60068	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Event Tickets	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Park Ridge Civic Orchestra		Transaction ID: SB17.12584 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 7 / 2 0 0 6
Mailing Address P.O. Box 717		Amount of Each Disbursement this Period 180.00
City Park Ridge State IL Zip Code 60608	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Advertisement	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Park Ridge Fine Arts Society		Transaction ID: SB17.12585 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 2 / 2 0 0 6
Mailing Address P.O. Box 89A		Amount of Each Disbursement this Period 250.00
City Park Ridge State IL Zip Code 60068	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Advertisement	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	455.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Perkins Coie		Transaction ID: SB17.12587 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 7 / 2 0 0 6
Mailing Address 607 14th Street NW		Amount of Each Disbursement this Period 240.00
City Washington State DC Zip Code 20005	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Legal Services	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Reyna, Fernando		Transaction ID: SB17.12590 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 3 / 2 0 0 6
Mailing Address 1915 W. Summerdale		Amount of Each Disbursement this Period 140.00
City Chicago State IL Zip Code 60640	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Office Cleaning	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Reyna, Fernando		Transaction ID: SB17.12591 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 6
Mailing Address 1915 W. Summerdale		Amount of Each Disbursement this Period 140.00
City Chicago State IL Zip Code 60640	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Office Cleaning	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	520.00
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)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

<p>A. Speakeasy Supperclub</p> <p>Full Name (Last, First, Middle Initial) Speakeasy Supperclub</p> <p>Mailing Address 1401 W. Devon</p> <p>City Chicago State IL Zip Code 60659</p> <p>Purpose of Disbursement Catering</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: SB17.12596</p> <p>Date of Disbursement 09 / 15 / 2006</p> <p>Amount of Each Disbursement this Period 2750.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Sprint PCS</p> <p>Full Name (Last, First, Middle Initial) Sprint PCS</p> <p>Mailing Address P.O. Box 219554</p> <p>City Kansas City State KS Zip Code 64121</p> <p>Purpose of Disbursement Telephone</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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: SB17.12599</p> <p>Date of Disbursement 07 / 14 / 2006</p> <p>Amount of Each Disbursement this Period 165.11</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Sprint PCS</p> <p>Full Name (Last, First, Middle Initial) Sprint PCS</p> <p>Mailing Address P.O. Box 219554</p> <p>City Kansas City State KS Zip Code 64121</p> <p>Purpose of Disbursement Telephone</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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: SB17.12598</p> <p>Date of Disbursement 08 / 15 / 2006</p> <p>Amount of Each Disbursement this Period 163.14</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) ▶

3078.25

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Sprint PCS		Transaction ID: SB17.12597 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 6
Mailing Address P.O. Box 219554		Amount of Each Disbursement this Period 162.57 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Kansas City State KS Zip Code 64121		
Purpose of Disbursement Telephone Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Test Positive Aware Network		Transaction ID: SB17.12601 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 4 / 2 0 0 6
Mailing Address 5537 N. Broadway		Amount of Each Disbursement this Period 100.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Chicago State IL Zip Code 60640		
Purpose of Disbursement Advertisement Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Test Positive Aware Network		Transaction ID: SB17.12600 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6
Mailing Address 5537 N. Broadway		Amount of Each Disbursement this Period 33.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Chicago State IL Zip Code 60640		
Purpose of Disbursement Advertisement Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	295.57
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. The Travelers		Transaction ID: SB17.12603 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 0 6
Mailing Address CL&Speciality Remittance Center		Amount of Each Disbursement this Period 1123.00
City Hartford State CT Zip Code 06183	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Insurance Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Tuite, Jacque		Transaction ID: SB17.12607 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 4 / 2 0 0 6
Mailing Address 2212 W. Palmer		Amount of Each Disbursement this Period 700.00
City Chicago State IL Zip Code 60647	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Salary Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Tuite, Jacque		Transaction ID: SB17.12609 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 6
Mailing Address 2212 W. Palmer		Amount of Each Disbursement this Period 700.00
City Chicago State IL Zip Code 60647	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Salary Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2523.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

<p>A. Tuite, Jacque</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 2212 W. Palmer</p> <p>City Chicago State IL Zip Code 60647</p> <p>Purpose of Disbursement Salary</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>Transaction ID: SB17.12605</p> <p>Date of Disbursement</p> <p>08 / 15 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>700.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>B. Tuite, Jacque</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 2212 W. Palmer</p> <p>City Chicago State IL Zip Code 60647</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>Transaction ID: SB17.12608</p> <p>Date of Disbursement</p> <p>08 / 15 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>10.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>C. Tuite, Jacque</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 2212 W. Palmer</p> <p>City Chicago State IL Zip Code 60647</p> <p>Purpose of Disbursement Salary</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>Transaction ID: SB17.12604</p> <p>Date of Disbursement</p> <p>08 / 31 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>700.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	

SUBTOTAL of Disbursements This Page (optional) ▶

1410.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A. Tuite, Jacque Full Name (Last, First, Middle Initial) Mailing Address 2212 W. Palmer City Chicago State IL Zip Code 60647 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.12610 Date of Disbursement: M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6 Amount of Each Disbursement this Period 700.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Tuite, Jacque Full Name (Last, First, Middle Initial) Mailing Address 2212 W. Palmer City Chicago State IL Zip Code 60647 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.12606 Date of Disbursement: M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 6 Amount of Each Disbursement this Period 700.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. Windy City Media Group Full Name (Last, First, Middle Initial) Mailing Address 1940 W. Irving Park City Chicago State IL Zip Code 60613 Purpose of Disbursement Advertisement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.12613 Date of Disbursement: M M / D D / Y Y Y Y 0 7 / 1 1 / 2 0 0 6 Amount of Each Disbursement this Period 101.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	1501.75
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Wired Campaigns		Transaction ID: SB17.12615 Date of Disbursement 09 / 17 / 2006
Mailing Address 440 N. Wabash Avenue #2905		Amount of Each Disbursement this Period 299.40
City Chicago State IL Zip Code 60611	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Internet Service Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Women's Treatment Center		Transaction ID: SB17.12616 Date of Disbursement 09 / 25 / 2006
Mailing Address 140 North Ashland Ave.		Amount of Each Disbursement this Period 500.00
City Chicago State IL Zip Code 60607	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Event Tickets Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Yes Promotions, Inc.		Transaction ID: SB17.12617 Date of Disbursement 07 / 10 / 2006
Mailing Address 750 N. Franklin		Amount of Each Disbursement this Period 659.86
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 T-shirts Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1459.26
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Yes Promotions, Inc.

Mailing Address 750 N. Franklin

City Chicago State IL Zip Code 60610

Purpose of Disbursement
Printing

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.12618

Date of Disbursement

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

Amount of Each Disbursement this Period

2676.11

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

SUBTOTAL of Disbursements This Page (optional)

2676.11

TOTAL This Period (last page this line number only)

77790.43

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. BRALEY FOR CONGRESS		Transaction ID: SB21.11972 Date of Disbursement 07 / 19 / 2006
Mailing Address PO Box 390		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Waterloo State IA Zip Code 50704		
Purpose of Disbursement Contribution Candidate Name BRUCE L. BRALEY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 01	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type		

Full Name (Last, First, Middle Initial) B. CARNEY FOR CONGRESS		Transaction ID: SB21.11977 Date of Disbursement 07 / 27 / 2006
Mailing Address PO BOX 38		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City DIMOCK State PA Zip Code 18816		
Purpose of Disbursement Contribution Candidate Name CHRISTOPHER P CARNEY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 10	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type		

Full Name (Last, First, Middle Initial) C. CHRISTINE JENNINGS FOR CONGRESS		Transaction ID: SB21.11976 Date of Disbursement 07 / 19 / 2006
Mailing Address 8211 241ST STREET EAST		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City MYAKKA CITY State FL Zip Code 34251		
Purpose of Disbursement Contribution Candidate Name CHRISTINE L JENNINGS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 13	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type		

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
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)

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<input 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 checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Citizens for Gregory Harris		Transaction ID: SB21.12623 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address 5359 N. Magnolia		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Chicago State IL Zip Code 60640	Purpose of Disbursement Contribution Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Citizens for Judith Rae Ross		Transaction ID: SB21.12625 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 7 / 2 0 0 6
Mailing Address 8725 Springfield		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Skokie State IL Zip Code 60076	Purpose of Disbursement Contribution Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. COMMITTEE TO ELECT CHRIS MURPHY		Transaction ID: SB21.11978 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 7 / 2 0 0 6
Mailing Address PO BOX 127		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City CHESHIRE State CT Zip Code 06410	Purpose of Disbursement Contribution Candidate Name CHRISTOPHER SCOTT MURPHY Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 05	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2000.00
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)

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<input 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 checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. DAN SEALS FOR CONGRESS		Transaction ID: SB21.11949 Date of Disbursement 09 / 25 / 2006
Mailing Address PO BOX 784		Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City GLENVIEW State IL Zip Code 60025	Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name DAN SEALS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 10	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Democratic Congressional Campaign Committee		Transaction ID: SB21.11950 Date of Disbursement 08 / 24 / 2006
Mailing Address 430 S. Capitol Street		Amount of Each Disbursement this Period 20000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003	Category/ Type	
Purpose of Disbursement Transfer/Excess Campaign Funds		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Democratic Congressional Campaign Committee		Transaction ID: SB21.11948 Date of Disbursement 09 / 25 / 2006
Mailing Address 430 S. Capitol Street		Amount of Each Disbursement this Period 20000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003	Category/ Type	
Purpose of Disbursement Transfer/Excessive Campaign Funds		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	40250.00
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. DONNELLY FOR CONGRESS COMMITTEE		Transaction ID: SB21.11902 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 3 / 2 0 0 6
Mailing Address 215 SOUTH ST JOSEPH ST STE 600		Amount of Each Disbursement this Period 463.51 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City SOUTH BEND State IN Zip Code 46601		
Purpose of Disbursement In-kind: Catering Candidate Name JOSEPH S. DONNELLY Category/Type		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IN District: 02		

Full Name (Last, First, Middle Initial) B. Healthy Schools Campaign		Transaction ID: SB21.12632 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 3 / 2 0 0 6
Mailing Address 205 W. Monroe		Amount of Each Disbursement this Period 300.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Chicago State IL Zip Code 60606		
Purpose of Disbursement Contribution Candidate Name Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) C. International Child Care		Transaction ID: SB21.12636 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6
Mailing Address 134 N. LaSalle, #1125		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Chicago State IL Zip Code 60602		
Purpose of Disbursement Donation Candidate Name Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	1263.51
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JUDY FEDER FOR CONGRESS

Mailing Address 1514 HARDWOOD LANE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
Contribution

Candidate Name
JUDITH FEDER

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: VA District: 10

Transaction ID: SB21.12646

Date of Disbursement

07 / 13 / 2006

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)
KELLAM FOR CONGRESS

Mailing Address PO Box 56254
PO BOX 56254

City Virginia Beach State VA Zip Code 23456

Purpose of Disbursement
Contribution

Candidate Name
PHILIP JEFFERSON KELLAM

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: VA District: 02

Transaction ID: SB21.11957

Date of Disbursement

07 / 19 / 2006

Amount of Each Disbursement this Period

1000.00

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

C. Full Name (Last, First, Middle Initial)
KILROY FOR CONGRESS

Mailing Address 929 HARRISON AVENUE SUITE 305

City COLUMBUS State OH Zip Code 43215

Purpose of Disbursement
In-kind: Travel Expenses

Candidate Name
MARY JO KILROY

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: OH District: 15

Transaction ID: SB21.11904

Date of Disbursement

08 / 07 / 2006

Amount of Each Disbursement this Period

681.41

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

SUBTOTAL of Disbursements This Page (optional) ►

2681.41

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

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

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

FOR LINE NUMBER:
(check only one)

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<input 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 checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. KIM CLARK FOR CONGRESS		Transaction ID: SB21.12649 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 0 6
Mailing Address 107 GENERATION DRIVE		Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City THREE OAKS State MI Zip Code 49128	Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name KIM L CLARK		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 06	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. LINDA STENDER FOR CONGRESS		Transaction ID: SB21.11966 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 9 / 2 0 0 6
Mailing Address P.O. Box 730		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Scotch Plains State NJ Zip Code 07076	Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name LINDA D STENDER		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 07	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. MCCASKILL FOR MISSOURI		Transaction ID: SB21.11955 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 9 / 2 0 0 6
Mailing Address PO BOX 6771		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City ST LOUIS State MO Zip Code 63144	Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name CLAIRE MCCASKILL		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 00	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2250.00
TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input 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 checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MCNERNEY FOR CONGRESS		Transaction ID: SB21.12643 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 3 / 2 0 0 6
Mailing Address 5429 Madison Avenue		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Sacramento State CA Zip Code 95841	Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name JERRY MCNERNEY		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 11	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. NANCY BOYDA FOR CONGRESS		Transaction ID: SB21.11951 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 7 / 2 0 0 6
Mailing Address 510 SW 10TH STREET		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City TOPEKA State KS Zip Code 66612	Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name NANCY E BOYDA		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 02	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. PATRICK MURPHY FOR CONGRESS		Transaction ID: SB21.11960 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 9 / 2 0 0 6
Mailing Address PO BOX 868		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City LEVITTOWN State PA Zip Code 19058	Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name PATRICK J MURPHY		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 08	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input 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 checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. RPCC/Ramirez Family Fund		Transaction ID: SB21.12642 Date of Disbursement 09 / 06 / 2006	
Mailing Address 1530 W. Morse		Amount of Each Disbursement this Period 250.00	
City Chicago State IL Zip Code 60626	Purpose of Disbursement Donation	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	

Full Name (Last, First, Middle Initial) B. RPCC/Ramirez Family Fund		Transaction ID: SB21.12641 Date of Disbursement 09 / 12 / 2006	
Mailing Address 1530 W. Morse		Amount of Each Disbursement this Period 1000.00	
City Chicago State IL Zip Code 60626	Purpose of Disbursement Donation	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	

Full Name (Last, First, Middle Initial) C. WETTERLING '06		Transaction ID: SB21.11969 Date of Disbursement 07 / 19 / 2006	
Mailing Address P.O. Box 2295		Amount of Each Disbursement this Period 1000.00	
City St. Cloud State MN Zip Code 56302	Purpose of Disbursement Contribution	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name PATTY WETTERLING	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional)	2250.00
TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input 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 checked="" type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial)
A. ZACK SPACE FOR CONGRESS COMMITTEE

Mailing Address 714 N WOOSTER AVENUE

City DOVER State OH Zip Code 44622

Purpose of Disbursement
Contribution

Candidate Name
ZACHARY T SPACE

Office Sought: House
 Senate
 President

State: OH District: 18

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: SB21.11963

Date of Disbursement

07 / 19 / 2006

Amount of Each Disbursement this Period

1000.00

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

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

57694.92