

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

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

Friends of Sara

ADDRESS (number and street)
▼

3213 N WILTON AVE UNIT A

☐Check if different
than previously
reported. (ACC)

CHICAGO

IL

60657

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C00457267

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

IL

05

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

☐

April 15 Quarterly Report (Q1)

☐

July 15 Quarterly Report (Q2)

☐

October 15 Quarterly Report (Q3)

☐

January 31 Year-End Report (YE)

☐

Termination Report (TER)

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

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☒

Special (12S)

Election on

03

03

2009

in the
State of

IL

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

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

01

01

2009

through

02

11

2009

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

Type or Print Name of Treasurer

ANGELINA M. ROSSI

Signature of Treasurer

Electronically Filed by ANGELINA M. ROSSI

Date

02

19

2009

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

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Friends of Sara

Report Covering the Period:

From:

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

To:

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	226562.82	550594.92
(b) Total Contribution Refunds (from Line 20(d)).....	1505.00	9155.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	225057.82	541439.92
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	218599.45	235443.96
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	218599.45	235443.96
8. Cash on Hand at Close of Reporting Period (from Line 27).....	305995.96	
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).....	70525.07	

For further information contact:

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name
Friends of Sara

Report Covering the Period:

From:

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

To:

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

I. RECEIPTS

COLUMN A
Total This PeriodCOLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than
Political Committees

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

160877.82

451062.82

(ii) Unitemized.....

38635.00

60982.10

(iii) TOTAL of contributions

199512.82

512044.92

from individuals..... ▶

0.00

1000.00

(b) Political Party Committees.....

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

27050.00

37550.00

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS
(other than loans)

226562.82

550594.92

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

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

0.00

0.00

13. LOANS

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

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

0.00

0.00

14. OFFSETS TO OPERATING
EXPENDITURES
(Refunds, Rebates, etc.).....

0.00

0.00

15. OTHER RECEIPTS

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

0.00

0.00

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

226562.82

550594.92

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	218599.45	235443.96
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.....	1005.00	7905.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	500.00	1250.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	1505.00	9155.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	220104.45	244598.96

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	299537.59
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	226562.82
25. SUBTOTAL (add Line 23 and Line 24).....	526100.41
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	220104.45
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	305995.96

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

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

FOR LINE NUMBER: PAGE 5 / 164

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Friends of Sara

A.

Full Name (Last, First, Middle Initial)

Brent E Adams

Mailing Address 3232 N. Halsted, Unit D-710

City

Chicago

State

IL

Zip Code

60657

FEC ID number of contributing
federal political committee.

C

Name of Employer
State of Illinois

Occupation
attorney

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

800.00

Date of Receipt

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

Transaction ID: C5150184

Amount of Each Receipt this Period

100.00

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

B.

Full Name (Last, First, Middle Initial)

Brent E Adams

Mailing Address 3232 N. Halsted, Unit D-710

City

Chicago

State

IL

Zip Code

60657

FEC ID number of contributing
federal political committee.

C

Name of Employer
State of Illinois

Occupation
attorney

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

800.00

Date of Receipt

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

Transaction ID: C5150320

Amount of Each Receipt this Period

150.00

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

C.

Full Name (Last, First, Middle Initial)

Michael Alexander

Mailing Address 4113 N Kenmore Ave

City

Chicago

State

IL

Zip Code

60613-2003

FEC ID number of contributing
federal political committee.

C

Name of Employer
Michael Alexander & Assoc-
iates

Occupation
Lobbyist

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1250.00

Date of Receipt

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

Transaction ID: C5139321

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)

1250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 6 / 164

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Sara

A.

Full Name (Last, First, Middle Initial)

Edie Allen

Mailing Address 53 Richfield Rd

City

Arlington

State

MA

Zip Code

02474

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Artist

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C5147110

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)

Lauri Alpern

Mailing Address 3631 N Pine Grove Ave
Apt F

City

Chicago

State

IL

Zip Code

60613-4533

FEC ID number of contributing
federal political committee.

C

Name of Employer
ROI Ventures, LLC

Occupation

Management consultant

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: C5000653

Amount of Each Receipt this Period

250.00

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

C.

Full Name (Last, First, Middle Initial)

Lauri Alpern

Mailing Address 3631 N Pine Grove Ave
Apt F

City

Chicago

State

IL

Zip Code

60613-4533

FEC ID number of contributing
federal political committee.

C

Name of Employer
ROI Ventures, LLC

Occupation

Management consultant

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: C5157890

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)

850.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 7 / 164

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Sara

A.

Full Name (Last, First, Middle Initial)

Anthony D. Amatuzio

Mailing Address 429 W. Roslyn Pl.

City

Chicago

State

IL

Zip Code

60614

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Warranty Group

Occupation

Senior Corporate Recruiter

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C5150329

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)

Alan Amberg

Mailing Address 1146 South Taylor Avenue

City

Oak Park

State

IL

Zip Code

60304

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Consultant

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: C5150352

Amount of Each Receipt this Period

250.00

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

C.

Full Name (Last, First, Middle Initial)

Marla Anderson

Mailing Address 1329 N. Dearborn Pkwy Apt 2

City

Chicago

State

IL

Zip Code

60610

FEC ID number of contributing
federal political committee.

C

Name of Employer
none

Occupation

none

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C5144577

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)

1050.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 8 / 164

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Sara

A.

Full Name (Last, First, Middle Initial)

Jody Andre

Mailing Address 211 Harrison

City

Oak Park

State

IL

Zip Code

60302

FEC ID number of contributing
federal political committee.

C

Name of Employer
Briejo Restaurant

Occupation

Owner

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

352.50

Date of Receipt

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

Transaction ID: C5163847

Amount of Each Receipt this Period

352.50

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

* In-Kind: Catering

B.

Full Name (Last, First, Middle Initial)

Jeffrey Aronin

Mailing Address 410 Marshman

City

Highland Park

State

IL

Zip Code

60035

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ovation Pharma

Occupation

President & CEO

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: C5143229

Amount of Each Receipt this Period

2000.00

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

C.

Full Name (Last, First, Middle Initial)

Fern Baker

Mailing Address 2843 W Logan Blvd

City

Chicago

State

IL

Zip Code

60647-1729

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C5139526

Amount of Each Receipt this Period

250.00

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

SUBTOTAL of Receipts This Page (optional)

2602.50

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 9 / 164

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Sara

A.

Full Name (Last, First, Middle Initial)

Warren Baker

Mailing Address 2143 N. Magnolia Ave

City

Chicago

State

IL

Zip Code

60614

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baker Development Corp

Occupation

President

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 8 / 2 0 0 9

Transaction ID: C5139426

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)

Anne Barnes

Mailing Address 5782 Ahakea St

City

Kapaa

State

HI

Zip Code

96746-9600

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kauai Island Utility Co-op

Occupation

Director of Communication

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C5152231

Amount of Each Receipt this Period

250.00

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

C.

Full Name (Last, First, Middle Initial)

Walter Barnes

Mailing Address 5782 Ahakea St

City

Kapaa

State

HI

Zip Code

96746-9600

FEC ID number of contributing
federal political committee.

C

Name of Employer
AT&T

Occupation

engineer

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1250.00

Date of Receipt

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

Transaction ID: C5159256

Amount of Each Receipt this Period

250.00

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

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 164

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Sara

A.

Full Name (Last, First, Middle Initial)

Paula Basta

Mailing Address 1930 W Estes Ave
#403City State Zip Code
Chicago IL 60626-2363FEC ID number of contributing
federal political committee.

C

Name of Employer
City of ChicagoOccupation
Regional DirectorReceipt For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼Election Cycle-to-Date ▼
250.00

Date of Receipt

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

Transaction ID: C5139189

Amount of Each Receipt this Period

100.00

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

Full Name (Last, First, Middle Initial)

Michael Bauer

Mailing Address 2500 N Lakeview Ave
Apt 2005City State Zip Code
Chicago IL 60614-4871FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
LobbyistReceipt For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼Election Cycle-to-Date ▼
1818.00

Date of Receipt

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

Transaction ID: C5160137

Amount of Each Receipt this Period

318.00

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

* In-Kind: Catering

C.

Full Name (Last, First, Middle Initial)

Michael Bauer

Mailing Address 2500 N Lakeview Ave
Apt 2005City State Zip Code
Chicago IL 60614-4871FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
LobbyistReceipt For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼Election Cycle-to-Date ▼
1818.00

Date of Receipt

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

Transaction ID: C5139534

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)

1418.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 11 / 164

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Sara

A.

Full Name (Last, First, Middle Initial)

Michael Bauer

Mailing Address 2500 N Lakeview Ave
Apt 2005

City State Zip Code
Chicago IL 60614-4871

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Lobbyist

Receipt For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1818.00

Date of Receipt

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

Transaction ID: C5159396

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)

Mary Beaubien

Mailing Address 4 Acorn Ln

City State Zip Code
Barrington IL 60010-2300

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Consultant

Receipt For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

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

Transaction ID: C5144429

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)

Shael Bellows

Mailing Address 9126 Keystone

City State Zip Code
Skokie IL 60076

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Kensington Group

Occupation
Healthcare Management

Receipt For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt

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

Transaction ID: C5144447

Amount of Each Receipt this Period

1500.00

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

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 164

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Sara

A.

Full Name (Last, First, Middle Initial)

Anna Belluomini

Mailing Address 4303 N. Wolcott

City

Chicago

State

IL

Zip Code

60613

FEC ID number of contributing
federal political committee.

C

Name of Employer
none

Occupation

not employed

Receipt For: 2009

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1200.00

Date of Receipt

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

Transaction ID: C5144554

Amount of Each Receipt this Period

200.00

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

Full Name (Last, First, Middle Initial)

Marjorie Benton

Mailing Address 585 Ingleside Park

City

Evanston

State

IL

Zip Code

60201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Philanthropist

Receipt For: 2009

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	8	/	2	0	0	9

Transaction ID: C5139495

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)

Icek Benz

Mailing Address 680 N Lake Shore Dr

City

Chicago

State

IL

Zip Code

60611-4546

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ben-Glo Optical

Occupation

Owner

Receipt For: 2009

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID: C5139450

Amount of Each Receipt this Period

500.00

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

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 164

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Sara

A.

Full Name (Last, First, Middle Initial)

Marge Berglind

Mailing Address 155 N Harbor Dr
Apt 607City State Zip Code
Chicago IL 60601-7390FEC ID number of contributing
federal political committee.**C**Name of Employer
Child Care Association of
Illinois

Occupation

CEO

Receipt For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C5139456

Amount of Each Receipt this Period

250.00

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

Full Name (Last, First, Middle Initial)

Allan I. Bergman

Mailing Address 757 Sarah Lane

City State Zip Code
Northbrook IL 60062FEC ID number of contributing
federal political committee.**C**Name of Employer
Anixter Center

Occupation

President & CEO

Receipt For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C5139457

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)

Martha Bergren

Mailing Address 3100 N Kenmore Ave
Apt FCity State Zip Code
Chicago IL 60657-3472FEC ID number of contributing
federal political committee.**C**Name of Employer
National Association of Sc-
hool Nurses

Occupation

Nurse

Receipt For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: C5143968

Amount of Each Receipt this Period

100.00

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

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 164

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Sara

A.

Full Name (Last, First, Middle Initial)

Arthur Berman

Mailing Address 6007 N Sheridan Rd
Apt 18ACity State Zip Code
Chicago IL 60660-3005FEC ID number of contributing
federal political committee.

C

Name of Employer
selfOccupation
AttorneyReceipt For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼Election Cycle-to-Date ▼
250.00

Date of Receipt

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

Transaction ID: C5139471

Amount of Each Receipt this Period

250.00

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

Full Name (Last, First, Middle Initial)

Saroja Bharati

Mailing Address 950 N Michigan Ave

City State Zip Code
Chicago IL 60611-4500FEC ID number of contributing
federal political committee.

C

Name of Employer
Hope Childrens HospitalOccupation
DoctorReceipt For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼Election Cycle-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 5 / 2 0 0 9

Transaction ID: C5139518

Amount of Each Receipt this Period

250.00

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

Full Name (Last, First, Middle Initial)

Raj Bisla

Mailing Address 1650 Princeton Ave.

City State Zip Code
Flossmoor IL 60422-1938FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employedOccupation
PhysicianReceipt For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼Election Cycle-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 5 / 2 0 0 9

Transaction ID: C5139515

Amount of Each Receipt this Period

500.00

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

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 15 / 164

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Sara

A.

Full Name (Last, First, Middle Initial)

Robert Bloom

Mailing Address 815 Barberry Rd

City

Highland Park

State

IL

Zip Code

60035-3821

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jewish Child and Family
Services

Occupation

Executive Director

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: C5000537

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)

Robert Bloom

Mailing Address 815 Barberry Rd

City

Highland Park

State

IL

Zip Code

60035-3821

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jewish Child and Family
Services

Occupation

Executive Director

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: C5145867

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)

Paul Bosakowski

Mailing Address 1560 N Sandburg Terrace #3215

City

Chicago

State

IL

Zip Code

60610

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sigma Associates Intl Inc

Occupation

Consultant

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C5065698

Amount of Each Receipt this Period

250.00

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

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 16 / 164

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Sara

A.

Full Name (Last, First, Middle Initial)

Kathleen A Bovid

Mailing Address 2804 N Lakewood Ave
Apt 109

City State Zip Code
Chicago IL 60657-4129

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bristol-Myers Squibb

Occupation
Pharmaceutical Region Director

Receipt For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

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

Transaction ID: C5159277

Amount of Each Receipt this Period

250.00

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

B.

Full Name (Last, First, Middle Initial)

Gila Bronner

Mailing Address 120 N La Salle St
Ste 1300

City State Zip Code
Chicago IL 60602-3488

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bronner Group, LLC

Occupation
President & CEO

Receipt For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
2300.00

Date of Receipt

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

Transaction ID: C5139633

Amount of Each Receipt this Period

2300.00

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

C.

Full Name (Last, First, Middle Initial)

Gregory Busch

Mailing Address 455 Washington Blvd

City State Zip Code
Oak Park IL 60302-4030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
consultant

Receipt For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt

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

Transaction ID: C5065778

Amount of Each Receipt this Period

250.00

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

SUBTOTAL of Receipts This Page (optional)

2800.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 164

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Sara

A.

Full Name (Last, First, Middle Initial)

Kenneth G Busch

Mailing Address 600 N McClurg Ct
1611ACity State Zip Code
Chicago IL 60611-3044FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
PsychiatristReceipt For: 2009
☐ Primary ☒ General
☐ Other (specify) ▼Election Cycle-to-Date ▼
4700.00

Date of Receipt

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

Transaction ID: C5000545

Amount of Each Receipt this Period

2300.00

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

Full Name (Last, First, Middle Initial)

Kenneth G Busch

Mailing Address 600 N McClurg Ct
1611ACity State Zip Code
Chicago IL 60611-3044FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
PsychiatristReceipt For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼Election Cycle-to-Date ▼
4700.00

Date of Receipt

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

Transaction ID: C5159401

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)

Kathy C. Byrne

Mailing Address 1335N. Astor

City State Zip Code
Chicago IL 60610FEC ID number of contributing
federal political committee.

C

Name of Employer
Cooney & ConwayOccupation
AttorneyReceipt For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼Election Cycle-to-Date ▼
1000.00

Date of Receipt

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

Transaction ID: C5138826

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)

3400.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 18 / 164

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Sara

A.

Full Name (Last, First, Middle Initial)

Hector Carreno

Mailing Address 9427 Sinfonia Dr

City

Houston

State

TX

Zip Code

77040-2595

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carreno Group, Inc

Occupation
CEO

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C5139327

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)

Virginia Carstarphen

Mailing Address 3222 N Sheffield Ave

City

Chicago

State

IL

Zip Code

60657-2211

FEC ID number of contributing
federal political committee.

C

Name of Employer
Trader Todd's

Occupation
Owner

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C5000539

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)

Daniel Casey

Mailing Address 2659 N Orchard St

City

Chicago

State

IL

Zip Code

60614-1548

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sterling Engineering Inc.

Occupation
COB

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: C5157889

Amount of Each Receipt this Period

1000.00

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

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 19 / 164

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Sara

A.

Full Name (Last, First, Middle Initial)

Linda Chapa LaVia

Mailing Address 8 E. Galena suite 240

City

Aurora

State

IL

Zip Code

60506

FEC ID number of contributing
federal political committee.

C

Name of Employer
State of Illinois

Occupation

State Representative

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C5139679

Amount of Each Receipt this Period

250.00

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

B.

Full Name (Last, First, Middle Initial)

Colleen Chawla

Mailing Address 6720 Elverton Dr

City

Oakland

State

CA

Zip Code

94611-1104

FEC ID number of contributing
federal political committee.

C

Name of Employer
Celgene

Occupation

State Government Relations Manager

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 8 / 2 0 0 9

Transaction ID: C5139492

Amount of Each Receipt this Period

250.00

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

C.

Full Name (Last, First, Middle Initial)

Rob Christie

Mailing Address 1926 Middleton Dr

City

Wheaton

State

IL

Zip Code

60189-8149

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northwestern Memorial Hea-
lthcare

Occupation

VP Gov't & Legislative Relations

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C5151883

Amount of Each Receipt this Period

250.00

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

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 164

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Sara

A.

Full Name (Last, First, Middle Initial)

Robert Churchill

Mailing Address 849 Sanctuary #207B

City

Lake Villa

State

IL

Zip Code

60046

FEC ID number of contributing
federal political committee.

C

Name of Employer
Churchill, Quinn, richtman
& Hamilton,

Occupation

Lawyer

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C5065754

Amount of Each Receipt this Period

250.00

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

Full Name (Last, First, Middle Initial)

Robert T Cichocki

Mailing Address 415 W. Aldine
#16B

City

Chicago

State

IL

Zip Code

60657

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arnstein & Lehr LLP

Occupation

Attorney

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: C5139203

Amount of Each Receipt this Period

200.00

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

Full Name (Last, First, Middle Initial)

David Clarkin

Mailing Address 4511 N Dover St
Apt 1S

City

Chicago

State

IL

Zip Code

60640-6295

FEC ID number of contributing
federal political committee.

C

Name of Employer
Clarkin, Inc.

Occupation

consultant

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2400.00

Date of Receipt

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

Transaction ID: C5143954

Amount of Each Receipt this Period

1800.00

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

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 164

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Sara

A.

Full Name (Last, First, Middle Initial)

David Clarkin

Mailing Address 4511 N Dover St
Apt 1SCity State Zip Code
Chicago IL 60640-6295FEC ID number of contributing
federal political committee.

C

Name of Employer
Clarkin, Inc.Occupation
consultantReceipt For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼Election Cycle-to-Date ▼
2400.00

Date of Receipt

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

Transaction ID: C5151908

Amount of Each Receipt this Period

100.00

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

Full Name (Last, First, Middle Initial)

Lori Cloch

Mailing Address 708 Long Cove Ct.

City State Zip Code
Riverwoods IL 60015FEC ID number of contributing
federal political committee.

C

Name of Employer
The KidsOccupation
MomReceipt For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼Election Cycle-to-Date ▼
2300.00

Date of Receipt

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

Transaction ID: C4992399

Amount of Each Receipt this Period

2300.00

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

Full Name (Last, First, Middle Initial)

Gregg Cocco

Mailing Address 5514 N Lakewood Ave

City State Zip Code
Chicago IL 60640-1313FEC ID number of contributing
federal political committee.

C

Name of Employer
selfOccupation
physicianReceipt For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼Election Cycle-to-Date ▼
600.00

Date of Receipt

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

Transaction ID: C5139175

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)

2500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 22 / 164

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Sara

A.

Full Name (Last, First, Middle Initial)

Gregg Cocco

Mailing Address 5514 N Lakewood Ave

City

Chicago

State

IL

Zip Code

60640-1313

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
physician

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: C5138835

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)

Lew Collens

Mailing Address 1555 N. Astor St.

City

Chicago

State

IL

Zip Code

60610

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Institute of Tec-
hnology

Occupation
professor

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C4992634

Amount of Each Receipt this Period

250.00

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

C.

Full Name (Last, First, Middle Initial)

Maira Collins

Mailing Address 3920 N Lake Shore Dr
Apt 9N

City

Chicago

State

IL

Zip Code

60613-3465

FEC ID number of contributing
federal political committee.

C

Name of Employer
Not Employed

Occupation
None

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3090.00

Date of Receipt

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

Transaction ID: C5000560

Amount of Each Receipt this Period

40.00

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

SUBTOTAL of Receipts This Page (optional)

790.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 23 / 164

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Sara

A.

Full Name (Last, First, Middle Initial)

Moira Collins

Mailing Address 3920 N Lake Shore Dr
Apt 9N

City State Zip Code
Chicago IL 60613-3465

FEC ID number of contributing
federal political committee.

C

Name of Employer
Not Employed

Occupation
None

Receipt For: 2009
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 3090.00

Date of Receipt

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

Transaction ID: C5163831

Amount of Each Receipt this Period

50.00

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

B.

Full Name (Last, First, Middle Initial)

Moira Collins

Mailing Address 3920 N Lake Shore Dr
Apt 9N

City State Zip Code
Chicago IL 60613-3465

FEC ID number of contributing
federal political committee.

C

Name of Employer
Not Employed

Occupation
None

Receipt For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 3090.00

Date of Receipt

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

Transaction ID: C5144483

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)

Moira Collins

Mailing Address 3920 N Lake Shore Dr
Apt 9N

City State Zip Code
Chicago IL 60613-3465

FEC ID number of contributing
federal political committee.

C

Name of Employer
Not Employed

Occupation
None

Receipt For: 2009
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 3090.00

Date of Receipt

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

Transaction ID: C5159298

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)

250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 24 / 164

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Sara

A.

Full Name (Last, First, Middle Initial)

R. Sue Connolly

Mailing Address 1618 W Rosehill Dr

City

Chicago

State

IL

Zip Code

60660-4028

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Retired Banker

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2400.00

Date of Receipt

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

Transaction ID: C5151952

Amount of Each Receipt this Period

100.00

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

B.

Full Name (Last, First, Middle Initial)

kristine Coryell

Mailing Address 435 W Erie St
Apt 2104

City

Chicago

State

IL

Zip Code

60654-6994

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coryellconsulting@gmail.c-
om

Occupation

Consultant

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C5151949

Amount of Each Receipt this Period

250.00

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

C.

Full Name (Last, First, Middle Initial)

Amy Crawford

Mailing Address 4800 N Kenmore Ave
3

City

Chicago

State

IL

Zip Code

60640-3740

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation

Political Consultant

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C5139173

Amount of Each Receipt this Period

500.00

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

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 25 / 164

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Sara

A.

Full Name (Last, First, Middle Initial)

James P. Crawley

Mailing Address 5342 N Lockwood Avenue

City

Chicago

State

IL

Zip Code

60630

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Attorney

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C5154950

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)

Pamela Crutchfield

Mailing Address 161 East Chicago Avenue, #60N1

City

Chicago

State

IL

Zip Code

60611

FEC ID number of contributing
federal political committee.

C

Name of Employer
Not employed

Occupation
retired

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C5139148

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)

Michael Curran

Mailing Address 804 6th Ave

City

Troy

State

NY

Zip Code

12182-2124

FEC ID number of contributing
federal political committee.

C

Name of Employer
Merit Health Systems

Occupation
Hospital Administration

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C5000615

Amount of Each Receipt this Period

500.00

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

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 26 / 164

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Sara

A.

Full Name (Last, First, Middle Initial)

Josh Davis

Mailing Address 3553 W. Peterson
Suite 300

City State Zip Code
Chicago IL 60659

FEC ID number of contributing
federal political committee.

C

Name of Employer
ManagCare Inc.

Occupation
Owner

Receipt For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Date of Receipt

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

Transaction ID: C5147106

Amount of Each Receipt this Period

350.00

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

B.

Full Name (Last, First, Middle Initial)

Jay Paul Deratany

Mailing Address 1631 N Cleveland Ave

City State Zip Code
Chicago IL 60614-5601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jay Paul Deratany & Assoc-
iates, LTD

Occupation
Attorney

Receipt For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
2300.00

Date of Receipt

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

Transaction ID: C5000554

Amount of Each Receipt this Period

2300.00

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

C.

Full Name (Last, First, Middle Initial)

Marshall Dickler

Mailing Address 1334 Woodland Dr

City State Zip Code
Riverwoods IL 60015-2018

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dickler, Kahn, Slowikowski
& Zavell, L

Occupation
Attorney

Receipt For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

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

Transaction ID: C5156728

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)

3150.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Sara

A.

Full Name (Last, First, Middle Initial)

Ann Marie Dunlap

Mailing Address 3001 S. Martin Luther King Dr.
Apt 1002

City State Zip Code
Chicago IL 60616

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cermak Health Services

Occupation
Physician

Receipt For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 5 / 2 0 0 9

Transaction ID: C5139516

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)

Loretta Durbin

Mailing Address 1525 S Bates Ave

City State Zip Code
Springfield IL 62704-3347

FEC ID number of contributing
federal political committee.

C

Name of Employer
Government Affairs Special-
ists Inc.

Occupation
Lobbyist

Receipt For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

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

Transaction ID: C5065711

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)

Carol England

Mailing Address 347 W Belden Ave

City State Zip Code
Chicago IL 60614

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation
retired

Receipt For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
3300.00

Date of Receipt

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

Transaction ID: C5151951

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)

1100.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Sara

A.

Full Name (Last, First, Middle Initial)

Peter England

Mailing Address 347 W Belden Ave

City

Chicago

State

IL

Zip Code

60614-3817

FEC ID number of contributing
federal political committee.

C

Name of Employer
Chicago Childrens Museum

Occupation

Retired

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2400.00

Date of Receipt

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

Transaction ID: C5151950

Amount of Each Receipt this Period

100.00

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

B.

Full Name (Last, First, Middle Initial)

Jon Erickson

Mailing Address 4354 N. Broadway

City

Chicago

State

IL

Zip Code

60613

FEC ID number of contributing
federal political committee.

C

Name of Employer
erickson & Oppenheimer,
PC

Occupation

Attorney

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 8 / 2 0 0 9

Transaction ID: C5139404

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)

Paula Fasseas

Mailing Address 1555 N. Astor

City

Chicago

State

IL

Zip Code

60610

FEC ID number of contributing
federal political committee.

C

Name of Employer
MBG

Occupation

Banker

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID: C5139646

Amount of Each Receipt this Period

1500.00

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

SUBTOTAL of Receipts This Page (optional)

2100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 29 / 164

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Sara

A.

Full Name (Last, First, Middle Initial)

Edwin Feldman

Mailing Address 950 N. Michigan Ave.

City
chicago

State
IL

Zip Code
60611

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Retired Physician

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: C5000703

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)

James Flosi

Mailing Address 2800 N Lake Shore Dr
Apt 3416

City
Chicago

State
IL

Zip Code
60657-6253

FEC ID number of contributing
federal political committee.

C

Name of Employer
AIDSCare, Inc

Occupation

Founder & CEO

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1900.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: C5000702

Amount of Each Receipt this Period

200.00

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

C.

Full Name (Last, First, Middle Initial)

Neil F. Flynn

Mailing Address 1035 S 2nd St

City
Springfield

State
IL

Zip Code
62704-3004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Attorney

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: C5000705

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)

1700.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 164

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Sara

A.

Full Name (Last, First, Middle Initial)

Robert L. Fogel

Mailing Address 554 W. Eugenie Street

City

Chicago

State

IL

Zip Code

60614

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fogel Law Offices

Occupation

Lawyer

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C5000551

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)

Jay Footlik

Mailing Address 1411 Johnson Dr
Apt 1315

City

Buffalo Grove

State

IL

Zip Code

60089-6972

FEC ID number of contributing
federal political committee.

C

Name of Employer
DiNovo Strategies

Occupation

Consultant

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C5151910

Amount of Each Receipt this Period

500.00

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

Full Name (Last, First, Middle Initial)

Elyse S. Forkosh-Cutler

Mailing Address 1041 N. Euclid

City

Oak Park

State

IL

Zip Code

60302

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advocate Health Care

Occupation

Vice President

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C5150373

Amount of Each Receipt this Period

500.00

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

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 164

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Sara

A.

Full Name (Last, First, Middle Initial)

Elliott Fredland

Mailing Address 3200 N Lake Shore Dr
Apt 1511

City	State	Zip Code
Chicago	IL	60657-3933

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Actor
 Receipt For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

 Election Cycle-to-Date ▼
 250.00

Date of Receipt

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

Transaction ID: C5143889

Amount of Each Receipt this Period

150.00

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

Full Name (Last, First, Middle Initial)

Dalila Fridi

Mailing Address 1766 W Thorndale Ave

City	State	Zip Code
Chicago	IL	60660-3113

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northwestern Memorial Hos-
pitalOccupation
Senior technical Application Analyst
 Receipt For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

 Election Cycle-to-Date ▼
 500.00

Date of Receipt

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

Transaction ID: C5138788

Amount of Each Receipt this Period

250.00

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

Full Name (Last, First, Middle Initial)

Marcia Friedl

Mailing Address 333 W. Wellington Ave.

City	State	Zip Code
Chicago	IL	60657

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfOccupation
homemaker
 Receipt For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

 Election Cycle-to-Date ▼
 2300.00

Date of Receipt

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

Transaction ID: C5000652

Amount of Each Receipt this Period

2300.00

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

SUBTOTAL of Receipts This Page (optional)

2700.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 32 / 164

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Sara

A.

Full Name (Last, First, Middle Initial)

Timothy Friedman

Mailing Address 1925 N. Cleveland Ave.

City

Chicago

State

IL

Zip Code

60614

FEC ID number of contributing
federal political committee.

C

Name of Employer
Heracles Holdings

Occupation
Finance

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C5143948

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)

Jeremy Getson

Mailing Address 800 Avenue Of The Americas
Apt 33E

City

New York

State

NY

Zip Code

10001-6352

FEC ID number of contributing
federal political committee.

C

Name of Employer
AQR Capital

Occupation
Investment Management

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: C5000708

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)

Kanwal D. Ghaey

Mailing Address 219 Central Ave

City

Wilmette

State

IL

Zip Code

60091-1940

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charles Rutenberg Realty

Occupation
Realtor

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 5 / 2 0 0 9

Transaction ID: C5139519

Amount of Each Receipt this Period

500.00

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

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 33 / 164

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Sara

A.

Full Name (Last, First, Middle Initial)

Jeffrey A. Glass

Mailing Address 1235 S. Prairie
#1702

City State Zip Code
Chicago IL 60605

FEC ID number of contributing
federal political committee.

C

Name of Employer
Capitol Consulting Group

Occupation
Government Affairs

Receipt For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

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

Transaction ID: C5143245

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)

Perry Glasgow

Mailing Address 3213 N. Wilton. Unit D

City State Zip Code
Chicago IL 60657

FEC ID number of contributing
federal political committee.

C

Name of Employer
Harley-Davidson, Inc.

Occupation
Treasurer

Receipt For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
2400.00

Date of Receipt

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

Transaction ID: C5150269

Amount of Each Receipt this Period

2400.00

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

C.

Full Name (Last, First, Middle Initial)

Andrew Glatz

Mailing Address 672 N. Dearborn

City State Zip Code
Chicago IL 60654

FEC ID number of contributing
federal political committee.

C

Name of Employer
Crown Heights Realty

Occupation
Real Estate

Receipt For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Date of Receipt

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

Transaction ID: C5144000

Amount of Each Receipt this Period

350.00

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

SUBTOTAL of Receipts This Page (optional)

3250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 34 / 164

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Sara

A.

Full Name (Last, First, Middle Initial)

Avrom Goldfeder

Mailing Address 6030 N. Bernard

City

Chicago

State

IL

Zip Code

60659

FEC ID number of contributing
federal political committee.

C

Name of Employer
ITEX Corp.

Occupation

CEO

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: C5144443

Amount of Each Receipt this Period

350.00

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

B.

Full Name (Last, First, Middle Initial)

Jay Goodgold

Mailing Address 1114 W Webster Ave

City

Chicago

State

IL

Zip Code

60614-3511

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation

Investments

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C5145769

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)

Jeremy Gottschalk

Mailing Address 5107 N. Clark

City

Chicago

State

IL

Zip Code

60640

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bell, Boyd & Lloyd

Occupation

Attorney

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

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

Transaction ID: C5000559

Amount of Each Receipt this Period

2300.00

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

SUBTOTAL of Receipts This Page (optional)

3650.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 35 / 164

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Sara

A.

Full Name (Last, First, Middle Initial)
Government Navigation Group

Mailing Address 320 W. Ohio
Suite 501

City State Zip Code
Chicago IL 60654

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

0.00

Date of Receipt

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

Transaction ID: C5163872

Amount of Each Receipt this Period

1000.00

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

Contribution Refund 1/21/-
09

B.

Full Name (Last, First, Middle Initial)
Theodore Grady

Mailing Address 1426 West Elmdale

City State Zip Code
Chicago IL 60660

FEC ID number of contributing
federal political committee.

C

Name of Employer
J&L Catering

Occupation
Owner/Caterer

Receipt For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C5145771

Amount of Each Receipt this Period

250.00

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

C.

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

Mailing Address 26 Lakeside Dr E

City State Zip Code
Belvidere NJ 07823-3104

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Highland

Occupation
Management Consultant

Receipt For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C5152025

Amount of Each Receipt this Period

500.00

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

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 36 / 164

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Sara

A.

Full Name (Last, First, Middle Initial)

Wendy J. Gruen

Mailing Address 1734 Estes Ave.

City

Des Plaines

State

IL

Zip Code

60018

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Financial Planner

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C5147109

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)

Stephanie Hart

Mailing Address 1439A N. Cleveland Ave.

City

Chicago

State

IL

Zip Code

60610

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kaplan Higher Education

Occupation

Vice President

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C5143174

Amount of Each Receipt this Period

250.00

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

C.

Full Name (Last, First, Middle Initial)

Janet Hasz

Mailing Address 3417 N Monticello Ave

City

Chicago

State

IL

Zip Code

60618-5319

FEC ID number of contributing
federal political committee.

C

Name of Employer
Supportive Housing Provid-
ers Associati

Occupation

Executive Director

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

377.00

Date of Receipt

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

Transaction ID: C5000552

Amount of Each Receipt this Period

40.00

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

SUBTOTAL of Receipts This Page (optional)

790.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 37 / 164

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Sara

A.

Full Name (Last, First, Middle Initial)

Janet Hasz

Mailing Address 3417 N Monticello Ave

City

Chicago

State

IL

Zip Code

60618-5319

FEC ID number of contributing
federal political committee.

C

Name of Employer
Supportive Housing Provid-
ers Associati

Occupation

Executive Director

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

377.00

Date of Receipt

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

Transaction ID: C5155975

Amount of Each Receipt this Period

137.00

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

B.

Full Name (Last, First, Middle Initial)

Todd A. Hatoff

Mailing Address 3800 N. Lake Shore Drive
12 A

City

Chicago

State

IL

Zip Code

60613

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allen Brothers

Occupation

President

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C5139177

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)

Christie Hefner

Mailing Address 2800 N. Lake Shore Dr
Apt. 4201

City

Chicago

State

IL

Zip Code

60657

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

President

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C5151935

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)

1137.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 38 / 164

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Sara

A.

Full Name (Last, First, Middle Initial)

Barbara Heller

Mailing Address 3217 N. Rockwell Street

City

Chicago

State

IL

Zip Code

60618

FEC ID number of contributing
federal political committee.

C

Name of Employer
DuPage Hospital

Occupation

Doctor

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: C5143737

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)

Carrie Hightman

Mailing Address 1325 N. State Pkwy Apt 16B

City

Chicago

State

IL

Zip Code

60610

FEC ID number of contributing
federal political committee.

C

Name of Employer
NiSource

Occupation

Chief Legal Officer

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C4992804

Amount of Each Receipt this Period

250.00

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

C.

Full Name (Last, First, Middle Initial)

Gordon S. Hirsch

Mailing Address 800 W Cornelia Ave
Apt 304

City

Chicago

State

IL

Zip Code

60657-1947

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Attorney/Real Estate Broker

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1350.00

Date of Receipt

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

Transaction ID: C5065797

Amount of Each Receipt this Period

250.00

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

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 164

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Sara

A.

Full Name (Last, First, Middle Initial)

Gary Hirschberg

Mailing Address 3140 N Sheffield Ave
Apt 501

City	State	Zip Code
Chicago	IL	60657-9390

FEC ID number of contributing
federal political committee.

C

Name of Employer
Goldman, Sachs & Co.Occupation
Private Wealth AdvisorReceipt For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼Election Cycle-to-Date ▼
2400.00

Date of Receipt

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

Transaction ID: C5159346

Amount of Each Receipt this Period

100.00

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

Full Name (Last, First, Middle Initial)

Dana Hirt

Mailing Address 2517 N Greenview Ave

City	State	Zip Code
Chicago	IL	60614-2028

FEC ID number of contributing
federal political committee.

C

Name of Employer
noneOccupation
homemakerReceipt For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼Election Cycle-to-Date ▼
2160.00

Date of Receipt

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

Transaction ID: C5000630

Amount of Each Receipt this Period

1800.00

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

Full Name (Last, First, Middle Initial)

Dana Hirt

Mailing Address 2517 N Greenview Ave

City	State	Zip Code
Chicago	IL	60614-2028

FEC ID number of contributing
federal political committee.

C

Name of Employer
noneOccupation
homemakerReceipt For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼Election Cycle-to-Date ▼
2160.00

Date of Receipt

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

Transaction ID: C5151916

Amount of Each Receipt this Period

360.00

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

SUBTOTAL of Receipts This Page (optional)

2260.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 40 / 164

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Sara

A.

Full Name (Last, First, Middle Initial)

Dean Hobart

Mailing Address 3100 N. Sheridan Rd., #6E

City

Chicago

State

IL

Zip Code

60657

FEC ID number of contributing
federal political committee.

C

Name of Employer
NPV Advisors

Occupation

Real Estate Appraisers

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C5139191

Amount of Each Receipt this Period

100.00

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

B.

Full Name (Last, First, Middle Initial)

Dean Hobart

Mailing Address 3100 N. Sheridan Rd., #6E

City

Chicago

State

IL

Zip Code

60657

FEC ID number of contributing
federal political committee.

C

Name of Employer
NPV Advisors

Occupation

Real Estate Appraisers

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C5151918

Amount of Each Receipt this Period

150.00

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

C.

Full Name (Last, First, Middle Initial)

Douglas Hoerr

Mailing Address 2538 N Burling

City

Chicago

State

IL

Zip Code

61074

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

landscape architect

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

Date of Receipt

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

Transaction ID: C5139192

Amount of Each Receipt this Period

250.00

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

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 41 / 164

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Sara

A.

Full Name (Last, First, Middle Initial)

Douglas Hoerr

Mailing Address 2538 N Burling

City

Chicago

State

IL

Zip Code

61074

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

landscape architect

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

Date of Receipt

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

Transaction ID: C5138840

Amount of Each Receipt this Period

250.00

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

B.

Full Name (Last, First, Middle Initial)

Douglas Hoerr

Mailing Address 2538 N Burling

City

Chicago

State

IL

Zip Code

61074

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

landscape architect

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

Date of Receipt

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

Transaction ID: C5159262

Amount of Each Receipt this Period

250.00

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

C.

Full Name (Last, First, Middle Initial)

Cindy Holler

Mailing Address 1402 Elm St

City

Saint Charles

State

IL

Zip Code

60174-4133

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mercy Housing

Occupation

President

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C5145865

Amount of Each Receipt this Period

500.00

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

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 164

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Sara

A.

Full Name (Last, First, Middle Initial)

Lawrence H. Hyman

Mailing Address 111 W. Washington
Suite 1025City State Zip Code
Chicago IL 60602FEC ID number of contributing
federal political committee.

C

Name of Employer
Lawrence H. Hyman & Assoc.Occupation
AttorneyReceipt For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C5139653

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)

Bruce Hymanson

Mailing Address 1 East Schiller St
Apt 21-DCity State Zip Code
Chicago IL 60610FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
PhysicianReceipt For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2400.00

Date of Receipt

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

Transaction ID: C5151892

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)

Mark Ishaug

Mailing Address 846 N. Spring Ave

City State Zip Code
LaGrange Park IL 60526FEC ID number of contributing
federal political committee.

C

Name of Employer
AIDS Foundation of ChicagoOccupation
AdministratorReceipt For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 8 / 2 0 0 9

Transaction ID: C5139409

Amount of Each Receipt this Period

250.00

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

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 43 / 164

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Sara

A.

Full Name (Last, First, Middle Initial)

David Jablonowski

Mailing Address 905 W Belle Plaine Ave

City

Chicago

State

IL

Zip Code

60613-2101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mindshare

Occupation

Media

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: C5138837

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)

Jeff Jacobs

Mailing Address 2430 N Lakeview Ave

City

Chicago

State

IL

Zip Code

60614-2877

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation

retired

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C5157020

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)

Irving Jacobson

Mailing Address 1332 Horizon Ln

City

Northbrook

State

IL

Zip Code

60062-4271

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allura

Occupation

Jeweler

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C5143936

Amount of Each Receipt this Period

250.00

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

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 164

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Sara

A.

Full Name (Last, First, Middle Initial)

Lowell Jaffe

Mailing Address 2427 W Charleston St

City

Chicago

State

IL

Zip Code

60647-4109

FEC ID number of contributing
federal political committee.

C

Name of Employer
New World TradersOccupation
Business

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

550.00

Date of Receipt

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

Transaction ID: C5144533

Amount of Each Receipt this Period

150.00

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

Full Name (Last, First, Middle Initial)

Lowell Jaffe

Mailing Address 2427 W Charleston St

City

Chicago

State

IL

Zip Code

60647-4109

FEC ID number of contributing
federal political committee.

C

Name of Employer
New World TradersOccupation
Business

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

550.00

Date of Receipt

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

Transaction ID: C5144533

Amount of Each Receipt this Period

150.00

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

Full Name (Last, First, Middle Initial)

Lowell Jaffe

Mailing Address 2427 W Charleston St

City

Chicago

State

IL

Zip Code

60647-4109

FEC ID number of contributing
federal political committee.

C

Name of Employer
New World TradersOccupation
Business

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

550.00

Date of Receipt

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

Transaction ID: C5144533

Amount of Each Receipt this Period

150.00

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

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 45 / 164

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Sara

A.

Full Name (Last, First, Middle Initial)

Bruce Johnson

Mailing Address PO Box 20396

City

Springfield

State

IL

Zip Code

62708-0396

FEC ID number of contributing
federal political committee.

C

Name of Employer
IPHCA

Occupation

President & CEO

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

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

Transaction ID: C5155929

Amount of Each Receipt this Period

2300.00

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

B.

Full Name (Last, First, Middle Initial)

Karen Johnson

Mailing Address 1550 Lake Shore Dr.
#27G

City

Chicago

State

IL

Zip Code

60610

FEC ID number of contributing
federal political committee.

C

Name of Employer
Not Employed

Occupation

Retired

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C5139149

Amount of Each Receipt this Period

250.00

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

C.

Full Name (Last, First, Middle Initial)

Leigh Johnson

Mailing Address 500 W. Superior St.

City

Chicago

State

IL

Zip Code

60654

FEC ID number of contributing
federal political committee.

C

Name of Employer
Varian Medical Systems

Occupation

Medical Physicist

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C5138836

Amount of Each Receipt this Period

250.00

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

SUBTOTAL of Receipts This Page (optional)

2800.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 46 / 164

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Sara

A.

Full Name (Last, First, Middle Initial)

Arthur Johnston

Mailing Address 2107 N Magnolia Ave

City

Chicago

State

IL

Zip Code

60614-4063

FEC ID number of contributing
federal political committee.

C

Name of Employer
Side by Side, Inc

Occupation
Corp Exec

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2400.00

Date of Receipt

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

Transaction ID: C5159263

Amount of Each Receipt this Period

100.00

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

B.

Full Name (Last, First, Middle Initial)

Robin Jones

Mailing Address 1645 West Jackson
Ste. 310

City

Chicago

State

IL

Zip Code

60612

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rush University Medical
Center

Occupation
physician

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: C5144544

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)

Andrew Kane

Mailing Address 601 W Monroe St

City

Springfield

State

IL

Zip Code

62704-1826

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Healthcare consultant

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C5151919

Amount of Each Receipt this Period

250.00

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

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 47 / 164

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Sara

A.

Full Name (Last, First, Middle Initial)

Linda Karn

Mailing Address 824 Ingleside Pl

City

Evanston

State

IL

Zip Code

60201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Luminous Soul Inc

Occupation

Business Owner

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C5139671

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)

Charles L. Katzenmeyer

Mailing Address 5412 N Winthrop Ave
Apt 2N

City

Chicago

State

IL

Zip Code

60640-1706

FEC ID number of contributing
federal political committee.

C

Name of Employer
Adler Planetarium

Occupation

Fundraiser

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: C5151956

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)

Jarod Kelly

Mailing Address 1932 W. Harrison #1

City

Evanston

State

IL

Zip Code

60201

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Student

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

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

Transaction ID: C5144560

Amount of Each Receipt this Period

2300.00

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

SUBTOTAL of Receipts This Page (optional)

3300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 48 / 164

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Sara

A.

Full Name (Last, First, Middle Initial)

Priscilla Kersten

Mailing Address 2430 N. Lakeview Ave.
Apt. 9N

City State Zip Code
Chicago IL 60614

FEC ID number of contributing
federal political committee.

C

Name of Employer
NA

Occupation
None

Receipt For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

Date of Receipt

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

Transaction ID: C5150340

Amount of Each Receipt this Period

750.00

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

B.

Full Name (Last, First, Middle Initial)

Tom Klein

Mailing Address 3800 N Lake Shore Dr
9C

City State Zip Code
Chicago IL 60613-3301

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: C5155963

Amount of Each Receipt this Period

250.00

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

C.

Full Name (Last, First, Middle Initial)

Raymond J Koenig, III

Mailing Address 4853 N Winthrop Ave
1N

City State Zip Code
Chicago IL 60640-4795

FEC ID number of contributing
federal political committee.

C

Name of Employer
Peck, Bloom, Austriaco &
Koenig LLC

Occupation
attorney

Receipt For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: C5000694

Amount of Each Receipt this Period

500.00

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

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 49 / 164

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Sara

A.

Full Name (Last, First, Middle Initial)

Sherry Koppel

Mailing Address 442 W. Wellington Ave.

City

Chicago

State

IL

Zip Code

60657

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation

Interior Design

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C5150339

Amount of Each Receipt this Period

250.00

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

B.

Full Name (Last, First, Middle Initial)

John L. Kreitinger

Mailing Address 4423 N. Greenview Ave.

City

Chicago

State

IL

Zip Code

60640-5995

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kreitinger Design

Occupation

Owner

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C5139179

Amount of Each Receipt this Period

250.00

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

C.

Full Name (Last, First, Middle Initial)

Clint Krislov

Mailing Address 20 N. Wacker Drive
Ste 1350

City

Chicago

State

IL

Zip Code

60606-2902

FEC ID number of contributing
federal political committee.

C

Name of Employer
Krislov and Associates

Occupation

lawyer

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C5000549

Amount of Each Receipt this Period

250.00

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

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Sara

A.

Full Name (Last, First, Middle Initial)

Joel Kurzman

Mailing Address 243 Valley View Drive

City

Wilmette

State

IL

Zip Code

60091

FEC ID number of contributing
federal political committee.

C

Name of Employer
Abbott Laboratories

Occupation

Policy Analyst

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C5065644

Amount of Each Receipt this Period

250.00

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

B.

Full Name (Last, First, Middle Initial)

Katherine Laing

Mailing Address 233 E 13th St
#1307

City

Chicago

State

IL

Zip Code

60605-3237

FEC ID number of contributing
federal political committee.

C

Name of Employer
Chicago Public Schools

Occupation

Lobbyist

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

Date of Receipt

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

Transaction ID: C5147111

Amount of Each Receipt this Period

250.00

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

C.

Full Name (Last, First, Middle Initial)

Aaron M. Lake

Mailing Address P.O. Box 495

City

Grant Park

State

IL

Zip Code

60940

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C5147376

Amount of Each Receipt this Period

500.00

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

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 51 / 164

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Sara

A.

Full Name (Last, First, Middle Initial)

Bradley M. Lakin

Mailing Address 4 Oak Crest Dr

City

Bethalto

State

IL

Zip Code

62010-1096

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lakin Law Firm, PC

Occupation

Attorney

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C5000764

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)

Priscilla M. Leith

Mailing Address 162 Islington Rd.

City

Newton

State

MA

Zip Code

02466

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Tax Preparer & Accountant

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C5151878

Amount of Each Receipt this Period

250.00

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

C.

Full Name (Last, First, Middle Initial)

Jill F. Levi

Mailing Address 509 W Wellington Ave

City

Chicago

State

IL

Zip Code

60657-5420

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Homemaker

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C5139540

Amount of Each Receipt this Period

250.00

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

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Sara

A.

Full Name (Last, First, Middle Initial)

Irwin Levin

Mailing Address One Indiana Sq #1400

City

Indianapolis

State

IN

Zip Code

46204

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cohen and Malad LLP

Occupation

Lawyer

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2400.00

Date of Receipt

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

Transaction ID: C5139640

Amount of Each Receipt this Period

2400.00

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

B.

Full Name (Last, First, Middle Initial)

Donald B. Levine

Mailing Address 1301 N, Dearborn, Unit 906

City

Chicago

State

IL

Zip Code

60610

FEC ID number of contributing
federal political committee.

C

Name of Employer
Latimer LaVey Jurasek

Occupation

Attorney

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: C5151931

Amount of Each Receipt this Period

250.00

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

C.

Full Name (Last, First, Middle Initial)

Cheryl Luria

Mailing Address 9920 Bedfordshire Ct

City

Potomac

State

MD

Zip Code

20854

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

None

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 8 / 2 0 0 9

Transaction ID: C5139512

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)

3650.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Sara

A.

Full Name (Last, First, Middle Initial)

Paul Lutter

Mailing Address 437 N. Canal St.

City

Chicago

State

IL

Zip Code

60654

FEC ID number of contributing
federal political committee.

C

Name of Employer
bryancave, llp

Occupation
attorney

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C5065738

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)

Brigette Lytle

Mailing Address 211 Harrison

City

Oak Park

State

IL

Zip Code

60304

FEC ID number of contributing
federal political committee.

C

Name of Employer
Briejo Restaurant

Occupation
Owner

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

352.50

Date of Receipt

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

Transaction ID: C5163848

Amount of Each Receipt this Period

352.50

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

* In-Kind: Catering

C.

Full Name (Last, First, Middle Initial)

William Brice McDonald

Mailing Address 3750 N Lake Shore Dr
Apt 9D

City

Chicago

State

IL

Zip Code

60613-4233

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4756.82

Date of Receipt

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

Transaction ID: C5143249

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)

1452.50

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Sara

A.

Full Name (Last, First, Middle Initial)

William Brice McDonald

Mailing Address 3750 N Lake Shore Dr
Apt 9D

City State Zip Code
Chicago IL 60613-4233

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For: 2009
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 4756.82

Date of Receipt

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

Transaction ID: C5143261

Amount of Each Receipt this Period

56.82

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

B.

Full Name (Last, First, Middle Initial)

Pamela McDonough

Mailing Address 360 W Illinois St
Apt 203

City State Zip Code
Chicago IL 60654-5276

FEC ID number of contributing
federal political committee.

C

Name of Employer
DeAngelo McDonough Constr-
uction Manage

Occupation
Construction

Receipt For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 250.00

Date of Receipt

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

Transaction ID: C5065796

Amount of Each Receipt this Period

250.00

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

C.

Full Name (Last, First, Middle Initial)

Elizabeth McKnight

Mailing Address 1766 W. Thorndale

City State Zip Code
Chicago IL 60660

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northwestern Memorial Hos-
pital

Occupation
Manager

Receipt For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 500.00

Date of Receipt

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

Transaction ID: C5151913

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)

806.82

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Sara

A.

Full Name (Last, First, Middle Initial)

Michael T McRaith

Mailing Address 3353 N. Greenview, #1F

City

Chicago

State

IL

Zip Code

60657

FEC ID number of contributing
federal political committee.

C

Name of Employer
Director

Occupation

State of Illinois

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: C5000184

Amount of Each Receipt this Period

1000.00

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

B.

Full Name (Last, First, Middle Initial)

Michael T McRaith

Mailing Address 3353 N. Greenview, #1F

City

Chicago

State

IL

Zip Code

60657

FEC ID number of contributing
federal political committee.

C

Name of Employer
Director

Occupation

State of Illinois

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1250.00

Date of Receipt

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

Transaction ID: C5143746

Amount of Each Receipt this Period

250.00

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

C.

Full Name (Last, First, Middle Initial)

Robert Messerly

Mailing Address 593 West Hawthorne Place

City

Chicago

State

IL

Zip Code

60657

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sonnenschein Nath & Rosen-
thal LLP

Occupation

Attorney

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1200.00

Date of Receipt

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

Transaction ID: C5139658

Amount of Each Receipt this Period

1200.00

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

SUBTOTAL of Receipts This Page (optional)

2450.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 56 / 164

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Sara

A.

Full Name (Last, First, Middle Initial)

Gary F. Metzner

Mailing Address 500 W Superior St
Unit 2109

City State Zip Code
Chicago IL 60654-8149

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sothebys

Occupation
Senior Vice President

Receipt For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 450.00

Date of Receipt

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

Transaction ID: C5139184

Amount of Each Receipt this Period

200.00

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

B.

Full Name (Last, First, Middle Initial)

Gary F. Metzner

Mailing Address 500 W Superior St
Unit 2109

City State Zip Code
Chicago IL 60654-8149

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sothebys

Occupation
Senior Vice President

Receipt For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 450.00

Date of Receipt

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

Transaction ID: C5139533

Amount of Each Receipt this Period

250.00

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

C.

Full Name (Last, First, Middle Initial)

Charles Middleton

Mailing Address 1354 S. Federal Street

City State Zip Code
Chicago IL 60605

FEC ID number of contributing
federal political committee.

C

Name of Employer
Roosevelt University

Occupation
University Administration

Receipt For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 1000.00

Date of Receipt

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

Transaction ID: C5000431

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)

1450.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 57 / 164

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Sara

A.

Full Name (Last, First, Middle Initial)

Avery Miller

Mailing Address 12518 S Pawnee Rd

City

Palos Park

State

IL

Zip Code

60464-1855

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rush University Medical
Center

Occupation

Senior VP, Public Affairs

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C5145870

Amount of Each Receipt this Period

250.00

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

B.

Full Name (Last, First, Middle Initial)

Charles Mills

Mailing Address 700 S. Ridge Rd.

City

Lake Forest

State

IL

Zip Code

60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medline

Occupation

business executive

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2400.00

Date of Receipt

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

Transaction ID: C5145184

Amount of Each Receipt this Period

2400.00

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

C.

Full Name (Last, First, Middle Initial)

Patricia Mintmire

Mailing Address 220 Sunrise Ave.
Suite 206

City

Palm Beach

State

FL

Zip Code

33480

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Social Worker

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C5143949

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)

3150.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 58 / 164

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Sara

A.

Full Name (Last, First, Middle Initial)

David Munar

Mailing Address 4911 N. Lincoln

City

Chicago

State

IL

Zip Code

60625

FEC ID number of contributing
federal political committee.

C

Name of Employer
AIDS Foundation of Chicago

Occupation

Vice President

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1825.00

Date of Receipt

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

Transaction ID: C5139546

Amount of Each Receipt this Period

200.00

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

B.

Full Name (Last, First, Middle Initial)

Anne Marie Murphy

Mailing Address 944 N. Taylor Ave.

City

oak park

State

IL

Zip Code

60302

FEC ID number of contributing
federal political committee.

C

Name of Employer
State of Illinois

Occupation

Director of State Healthcare Initiativ

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: C5000436

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)

Elizabeth Murphy

Mailing Address 3653 N Sheffield Ave

City

Chicago

State

IL

Zip Code

60613-4303

FEC ID number of contributing
federal political committee.

C

Name of Employer
Murphy's Bleachers

Occupation

Owner

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C5160066

Amount of Each Receipt this Period

500.00

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

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 59 / 164

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Sara

A.

Full Name (Last, First, Middle Initial)

George J. Mynarich

Mailing Address 10601 Princess Ave.

City

Chicago Ridge

State

IL

Zip Code

60415

FEC ID number of contributing
federal political committee.

C

Name of Employer
Secretary of State

Occupation
Security

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C5160000

Amount of Each Receipt this Period

500.00

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

B.

Full Name (Last, First, Middle Initial)

Richard Nelson

Mailing Address 330 W. Diversey Pkwy #2507

City

Chicago

State

IL

Zip Code

60657

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ecco Brands Corp

Occupation
Executive

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C5143919

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)

JoAnne Nemerovski

Mailing Address 440 W. Grant

City

Chicago

State

IL

Zip Code

60614

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Realtor

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

975.00

Date of Receipt

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

Transaction ID: C5000542

Amount of Each Receipt this Period

975.00

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

SUBTOTAL of Receipts This Page (optional)

1975.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 164

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Sara

A.

Full Name (Last, First, Middle Initial)

Steven H. Nemerovski

Mailing Address 330 N Wabash Ave
1700City State Zip Code
Chicago IL 60611-3586FEC ID number of contributing
federal political committee.**C**Name of Employer
Aronberg, Goldgehn, Davis
& GarmisaOccupation
Of CounselReceipt For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼Election Cycle-to-Date ▼
1318.00

Date of Receipt

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

Transaction ID: C5160138

Amount of Each Receipt this Period

318.00

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

* In-Kind: Catering

B.

Full Name (Last, First, Middle Initial)

Lee Neubecker

Mailing Address 226 S. Wabash Ave., Suite 300

City State Zip Code
Chicago IL 60604FEC ID number of contributing
federal political committee.**C**Name of Employer
Forensicon, Inc.Occupation
PresidentReceipt For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼Election Cycle-to-Date ▼
650.00

Date of Receipt

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

Transaction ID: C5139200

Amount of Each Receipt this Period

150.00

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

Full Name (Last, First, Middle Initial)

Lee Neubecker

Mailing Address 226 S. Wabash Ave., Suite 300

City State Zip Code
Chicago IL 60604FEC ID number of contributing
federal political committee.**C**Name of Employer
Forensicon, Inc.Occupation
PresidentReceipt For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼Election Cycle-to-Date ▼
650.00

Date of Receipt

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

Transaction ID: C5139680

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)

968.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 61 / 164

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Sara

A.

Full Name (Last, First, Middle Initial)

Craig W. Norris

Mailing Address 2124 W. Pierce Ave.

City

Chicago

State

IL

Zip Code

60622

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Trader

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: C5150342

Amount of Each Receipt this Period

400.00

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

B.

Full Name (Last, First, Middle Initial)

Nicholas Norris

Mailing Address 1501 W Belmont Ave
Apt 307

City

Chicago

State

IL

Zip Code

60657-7120

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation

retired

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

235.00

Date of Receipt

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

Transaction ID: C5151937

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)

Nicholas Norris

Mailing Address 1501 W Belmont Ave
Apt 307

City

Chicago

State

IL

Zip Code

60657-7120

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation

retired

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

235.00

Date of Receipt

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

Transaction ID: C5157019

Amount of Each Receipt this Period

85.00

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

SUBTOTAL of Receipts This Page (optional)

585.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 62 / 164

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Sara

A.

Full Name (Last, First, Middle Initial)

Pamela Nosse

Mailing Address 344 W. Goethe St.

City

Chicago

State

IL

Zip Code

60610

FEC ID number of contributing
federal political committee.

C

Name of Employer
ImClone Systems

Occupation

Biotech Sales

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: C5150366

Amount of Each Receipt this Period

50.00

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

B.

Full Name (Last, First, Middle Initial)

Pamela Nosse

Mailing Address 344 W. Goethe St.

City

Chicago

State

IL

Zip Code

60610

FEC ID number of contributing
federal political committee.

C

Name of Employer
ImClone Systems

Occupation

Biotech Sales

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: C5150292

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)

Gerard F. Notario

Mailing Address 1923 W Dickens Ave

City

Chicago

State

IL

Zip Code

60614-3935

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Physician

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C5065813

Amount of Each Receipt this Period

250.00

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

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 164

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Sara

A.

Full Name (Last, First, Middle Initial)

Julia Nowicki

Mailing Address 455 W. Oakdale #3

City

Chicago

State

IL

Zip Code

60657

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

lawyer

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C5065779

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)

Mary Kay O'Brien

Mailing Address 174 Essex Way

City

Essex

State

IL

Zip Code

60935-3001

FEC ID number of contributing
federal political committee.

C

Name of Employer
State of Illinois

Occupation

Appellate Court Judge

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C5143950

Amount of Each Receipt this Period

250.00

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

Full Name (Last, First, Middle Initial)

John T. O'Connell

Mailing Address PO Box 460

City

Western Springs

State

IL

Zip Code

60558-0460

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Attorney

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

Date of Receipt

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

Transaction ID: C5151947

Amount of Each Receipt this Period

750.00

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

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 64 / 164

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Sara

A.

Full Name (Last, First, Middle Initial)

Kate O'Malley

Mailing Address 70 W Madison St
Ste 1400

City State Zip Code
Chicago IL 60602-4267

FEC ID number of contributing
federal political committee.

C

Name of Employer
K.O. Strategies

Occupation
consultant

Receipt For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

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

Transaction ID: C5146357

Amount of Each Receipt this Period

250.00

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

B.

Full Name (Last, First, Middle Initial)

William O'Neill

Mailing Address 3815 N Fremont St

City State Zip Code
Chicago IL 60613-3001

FEC ID number of contributing
federal political committee.

C

Name of Employer
O'Neill Management Inc.

Occupation
Commercial Building Operation

Receipt For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1800.00

Date of Receipt

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

Transaction ID: C4992448

Amount of Each Receipt this Period

1800.00

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

C.

Full Name (Last, First, Middle Initial)

jack ohringer

Mailing Address 1451 waverly road

City State Zip Code
Highland Park IL 60035

FEC ID number of contributing
federal political committee.

C

Name of Employer
wheaton franciscan health-
care

Occupation
physician

Receipt For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt

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

Transaction ID: C5147101

Amount of Each Receipt this Period

250.00

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

SUBTOTAL of Receipts This Page (optional)

2300.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 164

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Sara

A.

Full Name (Last, First, Middle Initial)

Jean O'Neill

Mailing Address 3815 N. Fremont St.

City

Chicago

State

IL

Zip Code

60613

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Management

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: C5151925

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)

David Ormsby

Mailing Address 4630 N Drake Ave
Apt 3S

City

Chicago

State

IL

Zip Code

60625-5880

FEC ID number of contributing
federal political committee.

C

Name of Employer
David Ormsby Public Relations

Occupation

Owner

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2800.00

Date of Receipt

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

Transaction ID: C5138853

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)

Billie Paige

Mailing Address 24725 S. Chestnut Ln.

City

Crete

State

IL

Zip Code

60417

FEC ID number of contributing
federal political committee.

C

Name of Employer
Shea, Paige, & Rogal, Inc.

Occupation

Government Consultant

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C5149515

Amount of Each Receipt this Period

500.00

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

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 66 / 164

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Sara

A.

Full Name (Last, First, Middle Initial)

Philip Palmer

Mailing Address 680 N Lake Shore Dr
Apt 2300

City State Zip Code
Chicago IL 60611

FEC ID number of contributing
federal political committee.

C

Name of Employer
GRUBB & ELLIS

Occupation
REAL ESTATE

Receipt For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 300.00

Date of Receipt

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

Transaction ID: C5139186

Amount of Each Receipt this Period

200.00

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

B.

Full Name (Last, First, Middle Initial)

Ed Peck

Mailing Address 2807 Dryden

City State Zip Code
Springfield IL 62711

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brady and Peck LLC

Occupation
consultant

Receipt For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 500.00

Date of Receipt

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

Transaction ID: C5000752

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)

john peller

Mailing Address 905 W Belle Plaine Ave

City State Zip Code
Chicago IL 60613-2101

FEC ID number of contributing
federal political committee.

C

Name of Employer
AIDS Foundation of Chicago

Occupation
policy

Receipt For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 650.00

Date of Receipt

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

Transaction ID: C5139547

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)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 164

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Sara

A.

Full Name (Last, First, Middle Initial)

Jose Pena

Mailing Address 2107 N Magnolia Ave

City

Chicago

State

IL

Zip Code

60614-4063

FEC ID number of contributing
federal political committee.

C

Name of Employer
Side by Side, IncOccupation
Corp Exec

Receipt For: 2009

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2400.00

Date of Receipt

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

Transaction ID: C5159264

Amount of Each Receipt this Period

100.00

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

Full Name (Last, First, Middle Initial)

Matthew Pickering

Mailing Address 1362 Mill Creek Dr.

City

Buffalo Grove

State

IL

Zip Code

60089

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pickering and AssociatesOccupation
Lobbyist

Receipt For: 2009

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C5144446

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)

Jan Pomerantz

Mailing Address 442 W Wellington Ave
Unit 3E

City

Chicago

State

IL

Zip Code

60657-5804

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employedOccupation
Artist

Receipt For: 2009

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C5139528

Amount of Each Receipt this Period

250.00

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

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 68 / 164

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Sara

A.

Full Name (Last, First, Middle Initial)

Arthur Potash

Mailing Address 1706 W. Byron

City

Chicago

State

IL

Zip Code

60613

FEC ID number of contributing
federal political committee.

C

Name of Employer
Potash Bros. Inc.

Occupation

Executive

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C5065812

Amount of Each Receipt this Period

250.00

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

B.

Full Name (Last, First, Middle Initial)

Melvin Potash

Mailing Address 1525 N Sandburg Ter

City

Chicago

State

IL

Zip Code

60610-8052

FEC ID number of contributing
federal political committee.

C

Name of Employer
Potash Bros.

Occupation

Grocer

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C5159347

Amount of Each Receipt this Period

250.00

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

C.

Full Name (Last, First, Middle Initial)

Patricia Prentice

Mailing Address 2344 W Harrison St

City

Chicago

State

IL

Zip Code

60612-4077

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rush University Medical
Center

Occupation

Administrator

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 8 / 2 0 0 9

Transaction ID: C5139484

Amount of Each Receipt this Period

500.00

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

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 69 / 164

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Sara

A.

Full Name (Last, First, Middle Initial)

Patricia Prentice

Mailing Address 2344 W Harrison St

City

Chicago

State

IL

Zip Code

60612-4077

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rush University Medical
Center

Occupation

Administrator

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: C5143964

Amount of Each Receipt this Period

100.00

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

B.

Full Name (Last, First, Middle Initial)

MK Pritzker

Mailing Address 1603 Orrington Avenue, suite 1600

City

Evanston

State

IL

Zip Code

60201

FEC ID number of contributing
federal political committee.

C

Name of Employer
none

Occupation

none

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2400.00

Date of Receipt

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

Transaction ID: C5151922

Amount of Each Receipt this Period

2400.00

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

C.

Full Name (Last, First, Middle Initial)

Gail Purkey

Mailing Address 500 Oakmont Ln.

City

Westmont

State

IL

Zip Code

60559

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Federation of Te-
achers

Occupation

Director of Communications

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C5143944

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)

2800.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 164

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Sara

A.

Full Name (Last, First, Middle Initial)

Carolyn Quinn

Mailing Address 2128 W Morse Ave

City

Chicago

State

IL

Zip Code

60645-4974

FEC ID number of contributing
federal political committee.

C

Name of Employer
State of Illinois

Occupation

Judge

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

Date of Receipt

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

Transaction ID: C5139489

Amount of Each Receipt this Period

250.00

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

Full Name (Last, First, Middle Initial)

Norm Raidl

Mailing Address 4300 N Marine Dr
Apt 704

City

Chicago

State

IL

Zip Code

60613-5803

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Retired

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C5139650

Amount of Each Receipt this Period

250.00

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

Full Name (Last, First, Middle Initial)

Chaim Rajchenbach

Mailing Address 6253 N Central Park Ave

City

Chicago

State

IL

Zip Code

60659-2201

FEC ID number of contributing
federal political committee.

C

Name of Employer
JRL Management

Occupation

Owner

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

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

Transaction ID: C5065714

Amount of Each Receipt this Period

2300.00

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

SUBTOTAL of Receipts This Page (optional)

2800.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 71 / 164

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Sara

A.

Full Name (Last, First, Middle Initial)

Nestor Ramirez

Mailing Address 1319 Grandview Dr

City

Champaign

State

IL

Zip Code

61820-6824

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 5 / 2 0 0 9

Transaction ID: C5139517

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)

Jordan Ray

Mailing Address 6110 N. Drake Ave.

City

Chicago

State

IL

Zip Code

60659

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Attorney

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: C5144445

Amount of Each Receipt this Period

350.00

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

C.

Full Name (Last, First, Middle Initial)

Judith Rice

Mailing Address 3217 N. Rockwell Street

City

Chicago

State

IL

Zip Code

60618

FEC ID number of contributing
federal political committee.

C

Name of Employer
Harris Bank

Occupation

Attorney

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C5143736

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)

1150.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 72 / 164

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Sara

A.

Full Name (Last, First, Middle Initial)

Carol Rolland

Mailing Address 1450 N. Astor

City

Chicago

State

IL

Zip Code

60610

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advocate Health Care

Occupation

Psychologist

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C5138857

Amount of Each Receipt this Period

250.00

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

B.

Full Name (Last, First, Middle Initial)

Lee Rosenberg

Mailing Address 2053 N Seminary Ave

City

Chicago

State

IL

Zip Code

60614-4109

FEC ID number of contributing
federal political committee.

C

Name of Employer
LRSmedia LLC

Occupation

President

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

318.00

Date of Receipt

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

Transaction ID: C5160153

Amount of Each Receipt this Period

318.00

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

* In-Kind: Catering

C.

Full Name (Last, First, Middle Initial)

Angelina M Rossi

Mailing Address 5315 N Clark St
309

City

Chicago

State

IL

Zip Code

60640-2290

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

consultant

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1610.00

Date of Receipt

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

Transaction ID: C5000546

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)

1068.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 73 / 164

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Sara

A.

Full Name (Last, First, Middle Initial)

Kathy Ryg

Mailing Address 307 Onwentsia Rd.

City

Vernon Hills

State

IL

Zip Code

60061

FEC ID number of contributing
federal political committee.

C

Name of Employer
State of Illinois

Occupation

State Representative

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 5 / 2 0 0 9

Transaction ID: C5139171

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)

Esther Saks

Mailing Address 3920 N. LakeShore Drive Apt. 9S
9S

City

Chicago

State

IL

Zip Code

60613

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Retired

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 5 / 2 0 0 9

Transaction ID: C4992735

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)

Norman Sandfield

Mailing Address 3150 N Sheridan Rd
Apt 10B

City

Chicago

State

IL

Zip Code

60657-4838

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Marketing

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

Date of Receipt

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

Transaction ID: C5000562

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)

1600.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 / 164

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Sara

A.

Full Name (Last, First, Middle Initial)

Norman Sandfield

Mailing Address 3150 N Sheridan Rd
Apt 10B

City	State	Zip Code
Chicago	IL	60657-4838

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-EmployedOccupation
Marketing
 Receipt For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

 Election Cycle-to-Date ▼
 700.00

Date of Receipt

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

Transaction ID: C5151911

Amount of Each Receipt this Period

250.00

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

Full Name (Last, First, Middle Initial)

Gena Saracino

Mailing Address 1100 South Wesley

City	State	Zip Code
Oak Park	IL	60304

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oak LeydenOccupation
Developmental Therapist
 Receipt For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

 Election Cycle-to-Date ▼
 250.00

Date of Receipt

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

Transaction ID: C5143937

Amount of Each Receipt this Period

250.00

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

Full Name (Last, First, Middle Initial)

Gloria Schaeffer

Mailing Address 6052 N. Landers Ave.

City	State	Zip Code
Chicago	IL	60646

FEC ID number of contributing
federal political committee.

C

Name of Employer
State of IllinoisOccupation
Procurement Officer
 Receipt For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

 Election Cycle-to-Date ▼
 250.00

Date of Receipt

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

Transaction ID: C5159289

Amount of Each Receipt this Period

250.00

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

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 75 / 164

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Sara

A.

Full Name (Last, First, Middle Initial)

Andrea M. Schleifer

Mailing Address 20 N Clark St
Ste 2200

City State Zip Code
Chicago IL 60602-5113

FEC ID number of contributing
federal political committee.

C

Name of Employer
Andrea M. Schleifer & Ass-
oc. P.C.

Occupation
lawyer

Receipt For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt

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

Transaction ID: C5151915

Amount of Each Receipt this Period

250.00

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

B.

Full Name (Last, First, Middle Initial)

Annette Schneider

Mailing Address 2800 N. Lake shore Dr.

City State Zip Code
Chicago IL 60657

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

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

Transaction ID: C5065870

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)

Jeffrey Schoenberg

Mailing Address 1000 Skokie Blvd
LL33

City State Zip Code
Wilmette IL 60091-1161

FEC ID number of contributing
federal political committee.

C

Name of Employer
State of Illinois

Occupation
State Senator

Receipt For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 8 / 2 0 0 9

Transaction ID: C5139496

Amount of Each Receipt this Period

1000.00

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

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 76 / 164

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Sara

A.

Full Name (Last, First, Middle Initial)

Carmencita Schoeneman

Mailing Address 1309 Brassie Ave.

City

Flossmoor

State

IL

Zip Code

60422

FEC ID number of contributing
federal political committee.

C

Name of Employer
Shanes, The Pawnshop

Occupation

Owner

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2400.00

Date of Receipt

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

Transaction ID: C5148474

Amount of Each Receipt this Period

2400.00

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

B.

Full Name (Last, First, Middle Initial)

Gretchen Schultert

Mailing Address 195 N Harbor Dr
Apt 3408

City

Chicago

State

IL

Zip Code

60601-7534

FEC ID number of contributing
federal political committee.

C

Name of Employer
Midwest Adoption Center

Occupation

Administrator

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1450.00

Date of Receipt

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

Transaction ID: C5155973

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)

Steven F. Schwab

Mailing Address 3920 N Lake Shore Dr
Apt 11N

City

Chicago

State

IL

Zip Code

60613-5118

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sassafras Enterprises

Occupation

Owner

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C5000555

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)

3500.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Sara

A.

Full Name (Last, First, Middle Initial)

Alan Sender

Mailing Address 1007 Broadway

City State Zip Code
 Normal IL 61761

FEC ID number of contributing
federal political committee.

C

Name of Employer
Chestnut Health Systems

Occupation
Administrator

Receipt For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 304.00

Date of Receipt

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

Transaction ID: C5139241

Amount of Each Receipt this Period

250.00

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

B.

Full Name (Last, First, Middle Initial)

Barbara Sereda

Mailing Address 255 Linden Park Place

City State Zip Code
 Highland Park IL 60035

FEC ID number of contributing
federal political committee.

C

Name of Employer
none

Occupation
attorney

Receipt For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 300.00

Date of Receipt

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

Transaction ID: C5139062

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)

Menachem Shabat

Mailing Address 3322 W Arthur Ave

City State Zip Code
 Lincolnwood IL 60712-3806

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lakefront Nursing and Reh-
ab

Occupation
Administrator

Receipt For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 2300.00

Date of Receipt

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

Transaction ID: C5065715

Amount of Each Receipt this Period

2300.00

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

SUBTOTAL of Receipts This Page (optional)

2650.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 78 / 164

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Sara

A.

Full Name (Last, First, Middle Initial)

Marjorie Perlman Shafon

Mailing Address 1320 N. State St. #4B

City

Chicago

State

IL

Zip Code

60610

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Volunteer

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C5065807

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)

Gerald Shea

Mailing Address 547 S La Grange Rd

City

La Grange

State

IL

Zip Code

60525-6722

FEC ID number of contributing
federal political committee.

C

Name of Employer
Shea, Paige and Rogal, In-
c.

Occupation
Attorney

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C5144448

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)

Gregory L. Shevlin

Mailing Address 26 Lashley Estates Drive

City

Belleville

State

IL

Zip Code

62226

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cook Law Office

Occupation
lawyer

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C5145871

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)

2300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 79 / 164

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Sara

A.

Full Name (Last, First, Middle Initial)

Ron Shipka

Mailing Address 179 E Lake Shore Dr

City

Chicago

State

IL

Zip Code

60611-1340

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Real Estate Developer

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C5139651

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)

Melissa Shlofrock

Mailing Address 3151 Keystone Rd

City

Northbrook

State

IL

Zip Code

60062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Barton Management

Occupation

Exec. Asst.

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2400.00

Date of Receipt

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

Transaction ID: C5144424

Amount of Each Receipt this Period

2400.00

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

C.

Full Name (Last, First, Middle Initial)

Mike Shlofrock

Mailing Address 6922 N. Lehigh Ave

City

Chicago

State

IL

Zip Code

60646

FEC ID number of contributing
federal political committee.

C

Name of Employer
MMC Partners

Occupation

Mngt Cnslt

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C5144594

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)

3900.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 80 / 164

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Sara

A.

Full Name (Last, First, Middle Initial)

Caroline Shoenberger

Mailing Address 1724 N Larrabee St

City

Chicago

State

IL

Zip Code

60614-5622

FEC ID number of contributing
federal political committee.

C

Name of Employer
Chicago Legal Clinic

Occupation

Supervisory Attorney

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 8 / 2 0 0 9

Transaction ID: C5139493

Amount of Each Receipt this Period

250.00

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

B.

Full Name (Last, First, Middle Initial)

Lynn Siegel

Mailing Address 1635 E. Hyde Park Blvd.
Apt. 3A

City

Chicago

State

IL

Zip Code

60615

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pillars Community Center

Occupation

Executive Director

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C5150337

Amount of Each Receipt this Period

250.00

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

C.

Full Name (Last, First, Middle Initial)

Fred Siegman

Mailing Address 25 E. Superior
#2601

City

Chicago

State

IL

Zip Code

60611

FEC ID number of contributing
federal political committee.

C

Name of Employer
Siegman Consulting Services

Occupation

Strategic Relationship Development Con

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C5144585

Amount of Each Receipt this Period

500.00

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

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Sara

A.

Full Name (Last, First, Middle Initial)

Stan Sloan

Mailing Address 1406 N. Paulina

City

Chicago

State

IL

Zip Code

60622

FEC ID number of contributing
federal political committee.

C

Name of Employer
Chicago House

Occupation

Social Services

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: C5151877

Amount of Each Receipt this Period

100.00

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

B.

Full Name (Last, First, Middle Initial)

Ann Smallwood

Mailing Address 1336 W. Fayette Ave.

City

Springfield

State

IL

Zip Code

62704

FEC ID number of contributing
federal political committee.

C

Name of Employer
Springfield School Distri-
ct 186

Occupation

Teacher

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2400.00

Date of Receipt

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

Transaction ID: C5144532

Amount of Each Receipt this Period

2400.00

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

C.

Full Name (Last, First, Middle Initial)

Wayne Smallwood

Mailing Address 1336 W. Fayette Ave.

City

Springfield

State

IL

Zip Code

62704-2355

FEC ID number of contributing
federal political committee.

C

Name of Employer
Affordable Assisted Living
Coalition

Occupation

Executive Director

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2400.00

Date of Receipt

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

Transaction ID: C5144531

Amount of Each Receipt this Period

2400.00

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

SUBTOTAL of Receipts This Page (optional)

4900.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 82 / 164

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Sara

A.

Full Name (Last, First, Middle Initial)

Charles Smith

Mailing Address 333 W. Wacker, 2100

City

Chicago

State

IL

Zip Code

60606

FEC ID number of contributing
federal political committee.

C

Name of Employer
Skadden Arps LLP

Occupation

Attorney

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C5144575

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)

Michele E. Smith

Mailing Address 2626 N Lakeview Ave
Apt 3802

City

Chicago

State

IL

Zip Code

60614-1830

FEC ID number of contributing
federal political committee.

C

Name of Employer
Suger & Felsenthal

Occupation

attorney

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2400.00

Date of Receipt

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

Transaction ID: C5151907

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)

Todd A. Smith

Mailing Address 333 W. Wellington

City

Chicago

State

IL

Zip Code

60657

FEC ID number of contributing
federal political committee.

C

Name of Employer
Power Rogers & Smith

Occupation

Attorney

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

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

Transaction ID: C5000651

Amount of Each Receipt this Period

2300.00

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

SUBTOTAL of Receipts This Page (optional)

2900.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 83 / 164

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Sara

A.

Full Name (Last, First, Middle Initial)

Joan Smuda

Mailing Address 6025 N Newburg Ave

City

Chicago

State

IL

Zip Code

60631-2617

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Attorney General

Occupation
Attorney

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C5000538

Amount of Each Receipt this Period

250.00

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

B.

Full Name (Last, First, Middle Initial)

James Snyder

Mailing Address 1737 W. Winona St.

City

Chicago

State

IL

Zip Code

60640

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cook County

Occupation
Judge

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C5147107

Amount of Each Receipt this Period

250.00

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

C.

Full Name (Last, First, Middle Initial)

Ronna Stamm

Mailing Address 1126 Michigan Avenue

City

Evanston

State

IL

Zip Code

60202

FEC ID number of contributing
federal political committee.

C

Name of Employer
none

Occupation
none

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C5139243

Amount of Each Receipt this Period

500.00

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

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 84 / 164

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Sara

A.

Full Name (Last, First, Middle Initial)

Charles Stanford

Mailing Address 593 West Hawthorne Place

City

Chicago

State

IL

Zip Code

60657

FEC ID number of contributing
federal political committee.

C

Name of Employer
Chicago Architecture Foun-
dation

Occupation

VP of Development

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1200.00

Date of Receipt

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

Transaction ID: C5139657

Amount of Each Receipt this Period

1200.00

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

B.

Full Name (Last, First, Middle Initial)

Terry Steczo

Mailing Address 4023 N Terramere Ave

City

Arlington Heights

State

IL

Zip Code

60004-1357

FEC ID number of contributing
federal political committee.

C

Name of Employer
Government Strategy Assoc-
iates

Occupation

Lobbyist

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C5152230

Amount of Each Receipt this Period

250.00

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

C.

Full Name (Last, First, Middle Initial)

Pamela Strobel

Mailing Address 44 Woodley Rd

City

Winnetka

State

IL

Zip Code

60093-3745

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Corporate Director

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C5065731

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)

1950.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Sara

A.

Full Name (Last, First, Middle Initial)

Dean Sweitzer

Mailing Address 665 W North Ave
Ste 500

City State Zip Code
Lombard IL 60148-1135

FEC ID number of contributing
federal political committee.

C

Name of Employer
Royal Management Corp.

Occupation
Government Affairs

Receipt For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
2400.00

Date of Receipt

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

Transaction ID: C5151876

Amount of Each Receipt this Period

2400.00

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

B.

Full Name (Last, First, Middle Initial)

Dale Tahtinen, Ph.D.

Mailing Address Michigan Tech University
1400 Townsend Drive #510

City State Zip Code
Houghton MI 49931

FEC ID number of contributing
federal political committee.

C

Name of Employer
Michigan Technological Un-
ivers

Occupation
Vice President

Receipt For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt

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

Transaction ID: C5143165

Amount of Each Receipt this Period

250.00

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

C.

Full Name (Last, First, Middle Initial)

Philip A. Terbay

Mailing Address 3232 N. Halsted Street
#D710

City State Zip Code
Chicago IL 60657

FEC ID number of contributing
federal political committee.

C

Name of Employer
Accenture

Occupation
Engagement Mgr

Receipt For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1450.00

Date of Receipt

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

Transaction ID: C5150319

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)

2800.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 86 / 164

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Sara

A.

Full Name (Last, First, Middle Initial)

Mordecai Tessler

Mailing Address 6201 N. Drake Ave.

City

Chicago

State

IL

Zip Code

60659

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Real Estate Developer

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: C5144444

Amount of Each Receipt this Period

350.00

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

B.

Full Name (Last, First, Middle Initial)

Stanley Tigerman

Mailing Address 910 N. Lake St. #2916

City

Chicago

State

IL

Zip Code

60611

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tigerman McCurry Architec-
ts

Occupation

Architect

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 8 / 2 0 0 9

Transaction ID: C5139494

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)

jacquie toia

Mailing Address 3911 W Dakin St

City

Chicago

State

IL

Zip Code

60618-3101

FEC ID number of contributing
federal political committee.

C

Name of Employer
children's memorial hospi-
tal

Occupation

nurse practitioner

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID: C5139544

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)

1350.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 87 / 164

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Sara

A.

Full Name (Last, First, Middle Initial)

Sue Toia

Mailing Address 3031 Countryside Blvd
Apt 23

City State Zip Code
Clearwater FL 33761-2727

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt

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

Transaction ID: C5139453

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)

Aaron Topper

Mailing Address 2817 Coyle Ave.

City State Zip Code
Chicago IL 60645

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Nursing Home Owner

Receipt For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Date of Receipt

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

Transaction ID: C5144442

Amount of Each Receipt this Period

350.00

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

C.

Full Name (Last, First, Middle Initial)

Judith Tullman

Mailing Address 1118 W Drummond Pl

City State Zip Code
Chicago IL 60614-1304

FEC ID number of contributing
federal political committee.

C

Name of Employer
Not Employed

Occupation
Homemaker

Receipt For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
450.00

Date of Receipt

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

Transaction ID: C5147279

Amount of Each Receipt this Period

200.00

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

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 88 / 164

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Sara

A.

Full Name (Last, First, Middle Initial)

Julie Tye

Mailing Address 2301 Mohawk Ln

City

Glenview

State

IL

Zip Code

60026-1035

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Cradle

Occupation

Child Welfare Executive

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C5143240

Amount of Each Receipt this Period

500.00

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

B.

Full Name (Last, First, Middle Initial)

Robert Uhe

Mailing Address 5408 Reserve Blvd

City

Springfield

State

IL

Zip Code

62711

FEC ID number of contributing
federal political committee.

C

Name of Employer
Taylor Uhe LLC

Occupation

Attorney

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C5143975

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)

Thomas Uhlmann

Mailing Address 541 W. Belden Ave.

City

Chicago

State

IL

Zip Code

60614

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Trader

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C5150338

Amount of Each Receipt this Period

500.00

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

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 89 / 164

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Sara

A.

Full Name (Last, First, Middle Initial)

Douglas Van Tress

Mailing Address 24 E. Division St.

City

Chicago

State

IL

Zip Code

60610

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Golden Triangle

Occupation
Recruiter

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C5150306

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)

Thomas C Vanden Berk

Mailing Address 2754 Summit Ave

City

Highland Park

State

IL

Zip Code

60035-1326

FEC ID number of contributing
federal political committee.

C

Name of Employer
UCAN

Occupation
President & CEO

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1125.00

Date of Receipt

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

Transaction ID: C5155966

Amount of Each Receipt this Period

125.00

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

C.

Full Name (Last, First, Middle Initial)

John M Vanderlinden

Mailing Address 2430 N Lakeview Ave

City

Chicago

State

IL

Zip Code

60614

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rubloff Residential

Occupation
Real Estate Agent

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C5155955

Amount of Each Receipt this Period

250.00

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

SUBTOTAL of Receipts This Page (optional)

675.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 90 / 164

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Sara

A.

Full Name (Last, First, Middle Initial)

Ryan L Vanmeter

Mailing Address 425 W Roscoe St
Apt 606

City State Zip Code
Chicago IL 60657-3628

FEC ID number of contributing
federal political committee.

C

Name of Employer
Haymarket Group

Occupation
consultant

Receipt For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Date of Receipt

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

Transaction ID: C5150327

Amount of Each Receipt this Period

150.00

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

B.

Full Name (Last, First, Middle Initial)

William K. Viney

Mailing Address 25723 Meadowhouse Ct.

City State Zip Code
Chantilly VA 20152

FEC ID number of contributing
federal political committee.

C

Name of Employer
BGR Government Affairs,
LLC

Occupation
Principal

Receipt For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

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

Transaction ID: C5144440

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)

Alan Viterbi

Mailing Address 4650 Rancho Del Mar Trl

City State Zip Code
San Diego CA 92130-5208

FEC ID number of contributing
federal political committee.

C

Name of Employer
Liquid Environmental Solu-
tions

Occupation
President

Receipt For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

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

Transaction ID: C5139459

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)

1650.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 91 / 164

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Sara

A.

Full Name (Last, First, Middle Initial)

Steve Wannemacher

Mailing Address 23 Monarch Drive

City

Bloomington

State

IL

Zip Code

61701-3967

FEC ID number of contributing
federal political committee.

C

Name of Employer
Heritage Enterprises

Occupation

President and CEO

Receipt For: 2009

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	8	/	2	0	9	

Transaction ID: C5139497

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)

Ted Wecker

Mailing Address 19823 Woodside Dr

City

New Lenox

State

IL

Zip Code

60451-1262

FEC ID number of contributing
federal political committee.

C

Name of Employer
Skyline Imports, LLC

Occupation

Executive

Receipt For: 2009

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C5144431

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)

Barclay C. Welch

Mailing Address 2624 W Agatite Ave

City

Chicago

State

IL

Zip Code

60625-3011

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ansonia Properties

Occupation

Real Estate

Receipt For: 2009

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: C5144435

Amount of Each Receipt this Period

400.00

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

SUBTOTAL of Receipts This Page (optional)

1900.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 92 / 164

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Sara

A.

Full Name (Last, First, Middle Initial)

William N. Werner

Mailing Address 4326 Bobolink Ter

City

Skokie

State

IL

Zip Code

60076-2004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advocate IMMC

Occupation
Physician

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: C5065809

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)

Kathleen C. Yosko

Mailing Address 900 Chancel Cir.

City

Glen Ellyn

State

IL

Zip Code

60137

FEC ID number of contributing
federal political committee.

C

Name of Employer
Marianjoy Rehab Hospital

Occupation
President and CEO

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C5144527

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)

Scott Ziomek

Mailing Address 710 N Whitcomb Dr

City

Palatine

State

IL

Zip Code

60074-7265

FEC ID number of contributing
federal political committee.

C

Name of Employer
Metropolitan Chicago Heal-
thcare

Occupation
VP Gov't Relations

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C5151888

Amount of Each Receipt this Period

250.00

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

SUBTOTAL of Receipts This Page (optional)

1550.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 93 / 164

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Sara

A.

Full Name (Last, First, Middle Initial)

Lisa Zusman

Mailing Address 837 Bristol Dr

City

Deerfield

State

IL

Zip Code

60015-4844

FEC ID number of contributing
federal political committee.

C

Name of Employer
Barton Management

Occupation

Director of Finance

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID: C5155972

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)

Anna Belluomini

Mailing Address 4303 N. Wolcott

City

Chicago

State

IL

Zip Code

60613

FEC ID number of contributing
federal political committee.

C

Name of Employer
none

Occupation

not employed

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1200.00

Date of Receipt

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

Transaction ID: C5000650A

Amount of Each Receipt this Period

1000.00

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

* Earmarked Contribution:
See Below

C.

Full Name (Last, First, Middle Initial)

ActBlue

Mailing Address P.O. Box 382110

City

Cambridge

State

MA

Zip Code

02238

FEC ID number of contributing
federal political committee.

C

C00401224

Name of Employer

Occupation

Conduit total listed in Agg. field

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1565.00

Date of Receipt

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

Transaction ID: C5000650AB

Amount of Each Receipt this Period

1000.00

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

[MEMO ITEM]

Note: Above Contribution
earmarked through this or-
ganization.

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 94 / 164

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Sara

A.

Full Name (Last, First, Middle Initial)

Paul J Berman

Mailing Address 13808 Ivywood Lane

City

Silver Spring

State

MD

Zip Code

20904

FEC ID number of contributing
federal political committee.

C

Name of Employer
Covington & Burling

Occupation

Lawyer

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C5160033A

Amount of Each Receipt this Period

500.00

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

* Earmarked Contribution:
See Below

B.

Full Name (Last, First, Middle Initial)

EMILY'S LIST

Mailing Address 1120 Connecticut Ave NW
Ste 1100

City

Washington

State

DC

Zip Code

20036-3949

FEC ID number of contributing
federal political committee.

C

C00193433

Name of Employer

Occupation

Conduit total listed in Agg. field

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

15144.00

Date of Receipt

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

Transaction ID: C5160033AB

Amount of Each Receipt this Period

500.00

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

[MEMO ITEM]

Note: Above Contribution
earmarked through this or-
ganization.

C.

Full Name (Last, First, Middle Initial)

Hillary Butler

Mailing Address 52 Thomas Street

City

NYC

State

NY

Zip Code

10013

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

psychotherapist

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C5160038A

Amount of Each Receipt this Period

250.00

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

* Earmarked Contribution:
See Below

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 95 / 164

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Sara

A.

Full Name (Last, First, Middle Initial)

EMILY'S LIST

Mailing Address 1120 Connecticut Ave NW
Ste 1100

City State Zip Code
Washington DC 20036-3949

FEC ID number of contributing
federal political committee. **C** C00193433

Name of Employer

Occupation

Conduit total listed in Agg. field

Receipt For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
15144.00

Date of Receipt

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

Transaction ID: C5160038AB

Amount of Each Receipt this Period

250.00

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

[MEMO ITEM]

Note: Above Contribution
earmarked through this or-
ganization.

B.

Full Name (Last, First, Middle Initial)

Edith D Cofrin

Mailing Address 1074 Berkshire Rd. NE

City State Zip Code
Atlanta GA 30306

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

Name of Employer
self-employed

Occupation

Investor

Receipt For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

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

Transaction ID: C5152157A

Amount of Each Receipt this Period

500.00

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

* Earmarked Contribution:
See Below

C.

Full Name (Last, First, Middle Initial)

EMILY'S LIST

Mailing Address 1120 Connecticut Ave NW
Ste 1100

City State Zip Code
Washington DC 20036-3949

FEC ID number of contributing
federal political committee. **C** C00193433

Name of Employer

Occupation

Conduit total listed in Agg. field

Receipt For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
15144.00

Date of Receipt

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

Transaction ID: C5152157AB

Amount of Each Receipt this Period

500.00

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

[MEMO ITEM]

Note: Above Contribution
earmarked through this or-
ganization.

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 96 / 164

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Sara

A.

Full Name (Last, First, Middle Initial)

Shelley Frost

Mailing Address 122 East 70 Street

City State Zip Code
 New York NY 10021

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 500.00

Date of Receipt

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

Transaction ID: C5160042A

Amount of Each Receipt this Period

500.00

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

* Earmarked Contribution:
See Below

B.

Full Name (Last, First, Middle Initial)

EMILY'S LIST

Mailing Address 1120 Connecticut Ave NW
 Ste 1100

City State Zip Code
 Washington DC 20036-3949

FEC ID number of contributing
federal political committee.

C C00193433

Name of Employer

Occupation
Conduit total listed in Agg. field

Receipt For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 15144.00

Date of Receipt

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

Transaction ID: C5160042AB

Amount of Each Receipt this Period

500.00

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

[MEMO ITEM]

Note: Above Contribution
earmarked through this or-
ganization.

C.

Full Name (Last, First, Middle Initial)

Celia Gilbert

Mailing Address 15 Gray Gardens West

City State Zip Code
 Cambridge MA 02138

FEC ID number of contributing
federal political committee.

C

Name of Employer
none

Occupation
none

Receipt For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 500.00

Date of Receipt

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

Transaction ID: C5160036A

Amount of Each Receipt this Period

500.00

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

* Earmarked Contribution:
See Below

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 97 / 164

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Sara

A.

Full Name (Last, First, Middle Initial)

EMILY'S LIST

Mailing Address 1120 Connecticut Ave NW
Ste 1100

City State Zip Code
Washington DC 20036-3949

FEC ID number of contributing
federal political committee. **C** C00193433

Name of Employer

Occupation

Conduit total listed in Agg. field

Receipt For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
15144.00

Date of Receipt

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

Transaction ID: C5160036AB

Amount of Each Receipt this Period

500.00

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

[MEMO ITEM]

Note: Above Contribution
earmarked through this or-
ganization.

B.

Full Name (Last, First, Middle Initial)

Joel Ginzberg

Mailing Address PO Box 7

City State Zip Code
High Falls NY 12440

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

Name of Employer
self

Occupation

Psychologist

Receipt For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt

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

Transaction ID: C5152113A

Amount of Each Receipt this Period

300.00

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

* Earmarked Contribution:
See Below

C.

Full Name (Last, First, Middle Initial)

EMILY'S LIST

Mailing Address 1120 Connecticut Ave NW
Ste 1100

City State Zip Code
Washington DC 20036-3949

FEC ID number of contributing
federal political committee. **C** C00193433

Name of Employer

Occupation

Conduit total listed in Agg. field

Receipt For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
15144.00

Date of Receipt

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

Transaction ID: C5152113AB

Amount of Each Receipt this Period

300.00

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

[MEMO ITEM]

Note: Above Contribution
earmarked through this or-
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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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 98 / 164

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Sara

A.

Full Name (Last, First, Middle Initial)

Pamela Grissom

Mailing Address 7230 Star Fury Pl.

City

Tucson

State

AZ

Zip Code

85718

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Investor

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C5160021A

Amount of Each Receipt this Period

500.00

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

* Earmarked Contribution:
See Below

B.

Full Name (Last, First, Middle Initial)

EMILY'S LIST

Mailing Address 1120 Connecticut Ave NW
Ste 1100

City

Washington

State

DC

Zip Code

20036-3949

FEC ID number of contributing
federal political committee.

C

C00193433

Name of Employer

Occupation

Conduit total listed in Agg. field

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

15144.00

Date of Receipt

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

Transaction ID: C5160021AB

Amount of Each Receipt this Period

500.00

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

[MEMO ITEM]

Note: Above Contribution
earmarked through this or-
ganization.

C.

Full Name (Last, First, Middle Initial)

Ellen R Malcolm

Mailing Address 1120 Connecticut Ave. NW
Suite 1100

City

Washington

State

DC

Zip Code

20036

FEC ID number of contributing
federal political committee.

C

Name of Employer
EMILY's List

Occupation

President

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID: C5152115A

Amount of Each Receipt this Period

1500.00

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

* Earmarked Contribution:
See Below

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 99 / 164

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Sara

A.

Full Name (Last, First, Middle Initial)

EMILY'S LIST

Mailing Address 1120 Connecticut Ave NW
Ste 1100City State Zip Code
Washington DC 20036-3949FEC ID number of contributing
federal political committee. **C** C00193433

Name of Employer

Occupation

Conduit total listed in Agg. field

Receipt For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼Election Cycle-to-Date ▼
15144.00

Date of Receipt

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

Transaction ID: C5152115AB

Amount of Each Receipt this Period

1500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)**[MEMO ITEM]**Note: Above Contribution
earmarked through this or-
ganization.

B.

Full Name (Last, First, Middle Initial)

Nina Barbara Matis

Mailing Address 257 Central Park West
Apt 2e/fCity State Zip Code
New York NY 10024FEC ID number of contributing
federal political committee. **C**Name of Employer
katten muchin rosenman

Occupation

attorney

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

Date of Receipt

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

Transaction ID: C5160041A

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)* Earmarked Contribution:
See Below

C.

Full Name (Last, First, Middle Initial)

EMILY'S LIST

Mailing Address 1120 Connecticut Ave NW
Ste 1100City State Zip Code
Washington DC 20036-3949FEC ID number of contributing
federal political committee. **C** C00193433

Name of Employer

Occupation

Conduit total listed in Agg. field

Receipt For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼Election Cycle-to-Date ▼
15144.00

Date of Receipt

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

Transaction ID: C5160041AB

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)**[MEMO ITEM]**Note: Above Contribution
earmarked through this or-
ganization.

SUBTOTAL of Receipts This Page (optional) ▶

500.00

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

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

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

FOR LINE NUMBER: PAGE 100 / 164

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Sara

A.

Full Name (Last, First, Middle Initial)

Michael A Simpson

Mailing Address 10 Somerset Place

City

Wilmington

State

MA

Zip Code

01887

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bank of New York Mellon

Occupation

Accounting Manager

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C5160034A

Amount of Each Receipt this Period

500.00

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

* Earmarked Contribution:
See Below

B.

Full Name (Last, First, Middle Initial)

EMILY'S LIST

Mailing Address 1120 Connecticut Ave NW
Ste 1100

City

Washington

State

DC

Zip Code

20036-3949

FEC ID number of contributing
federal political committee.

C

C00193433

Name of Employer

Occupation

Conduit total listed in Agg. field

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

15144.00

Date of Receipt

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

Transaction ID: C5160034AB

Amount of Each Receipt this Period

500.00

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

[MEMO ITEM]

Note: Above Contribution
earmarked through this or-
ganization.

C.

Full Name (Last, First, Middle Initial)

Marjorie K VanDusen

Mailing Address 24730 Cabrillo

City

Carmel

State

CA

Zip Code

93923

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Retired

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C5160032A

Amount of Each Receipt this Period

500.00

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

* Earmarked Contribution:
See Below

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 101 / 164

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Sara

A.

Full Name (Last, First, Middle Initial)

EMILY'S LIST

Mailing Address 1120 Connecticut Ave NW
Ste 1100

City	State	Zip Code
Washington	DC	20036-3949

FEC ID number of contributing
federal political committee.**C** C00193433

Name of Employer

Occupation

Conduit total listed in Agg. field

Receipt For: 2009

Election Cycle-to-Date ▼

☒ Primary ☐ General
☐ Other (specify) ▼

15144.00

Date of Receipt

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

Transaction ID: C5160032AB

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]Note: Above Contribution
earmarked through this or-
ganization.**B.**

Full Name (Last, First, Middle Initial)

Pat L Walter

Mailing Address 11450 Burnham St.

City	State	Zip Code
Los Angeles	CA	90049

FEC ID number of contributing
federal political committee.**C**Name of Employer
not applicable

Occupation

Retired

Receipt For: 2009

Election Cycle-to-Date ▼

☒ Primary ☐ General
☐ Other (specify) ▼

500.00

Date of Receipt

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

Transaction ID: C5152068A

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)
* Earmarked Contribution:
See Below**C.**

Full Name (Last, First, Middle Initial)

EMILY'S LIST

Mailing Address 1120 Connecticut Ave NW
Ste 1100

City	State	Zip Code
Washington	DC	20036-3949

FEC ID number of contributing
federal political committee.**C** C00193433

Name of Employer

Occupation

Conduit total listed in Agg. field

Receipt For: 2009

Election Cycle-to-Date ▼

☒ Primary ☐ General
☐ Other (specify) ▼

15144.00

Date of Receipt

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

Transaction ID: C5152068AB

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]Note: Above Contribution
earmarked through this or-
ganization.

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 102 / 164

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Sara

A.

Full Name (Last, First, Middle Initial)

Marilyn L Williamson

Mailing Address 2275 Oakway Drive

City

West Bloomfield

State

MI

Zip Code

48324

FEC ID number of contributing
federal political committee.

C

Name of Employer
none

Occupation

Retired

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C5160024A

Amount of Each Receipt this Period

250.00

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

* Earmarked Contribution:
See Below

B.

Full Name (Last, First, Middle Initial)

EMILY'S LIST

Mailing Address 1120 Connecticut Ave NW
Ste 1100

City

Washington

State

DC

Zip Code

20036-3949

FEC ID number of contributing
federal political committee.

C

C00193433

Name of Employer

Occupation

Conduit total listed in Agg. field

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

15144.00

Date of Receipt

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

Transaction ID: C5160024AB

Amount of Each Receipt this Period

250.00

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

[MEMO ITEM]

Note: Above Contribution
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ganization.

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

160877.82

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 103 / 164

(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)

Friends of Sara

A.

Full Name (Last, First, Middle Initial)

AMERICAN HOSPITAL ASSOCIATION PAC

Mailing Address 325 Seventh Street NW
Suite 700

City	State	Zip Code
Washington	DC	20004

FEC ID number of contributing
federal political committee.**C** C00106146

Name of Employer

Occupation

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C5145861

Amount of Each Receipt this Period

5000.00

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

Full Name (Last, First, Middle Initial)

AMERICANS FOR DEMOCRATIC ACTION FEDERAL CAMPAIGN C

Mailing Address 1625 K STREET NW SUITE 210

City	State	Zip Code
WASHINGTON	DC	20006

FEC ID number of contributing
federal political committee.**C** C00398099

Name of Employer

Occupation

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C5139655

Amount of Each Receipt this Period

1000.00

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

Full Name (Last, First, Middle Initial)

Citizens for Carol Ronen

Mailing Address 6033 N. Sheridan Rd #7C

City	State	Zip Code
Chicago	IL	60660

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

Name of Employer

Occupation

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
0 1	/	0 8	/	2 0 0 9

Transaction ID: C5000182

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)

6500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 104 / 164

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Sara

A.

Full Name (Last, First, Middle Initial)

Citizens for Lisa Hernandez

Mailing Address 2137 S Lombard Ave
Ste 204

City State Zip Code
Cicero IL 60804-2016

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: C5065713

Amount of Each Receipt this Period

1000.00

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

B.

Full Name (Last, First, Middle Initial)

Citizens for Susan Garrett

Mailing Address 1181 Melody Rd

City State Zip Code
Lake Forest IL 60045-1500

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: C5000706

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)

Committee for Frank J. Mautino

Mailing Address P.O. Box 36

City State Zip Code
Spring Valley IL 61362

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C5144432

Amount of Each Receipt this Period

1000.00

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

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 105 / 164

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Sara

A.

Full Name (Last, First, Middle Initial)
Committee to Elect Tom Holbrook

Mailing Address 230 Summers Trce

City State Zip Code
Belleville IL 62220-2771

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 1 / 2 8 / 2 0 0 9

Transaction ID: C5139504

Amount of Each Receipt this Period

550.00

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

B.

Full Name (Last, First, Middle Initial)
Committee to Elect Tom Holbrook

Mailing Address 230 Summers Trce

City State Zip Code
Belleville IL 62220-2771

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 1000.00

Date of Receipt

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

Transaction ID: C5147104

Amount of Each Receipt this Period

450.00

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

C.

Full Name (Last, First, Middle Initial)
Committee to Re-Elect Chuck Jefferson

Mailing Address P.O. Box 874

City State Zip Code
Rockford IL 61105

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 500.00

Date of Receipt

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

Transaction ID: C5143946

Amount of Each Receipt this Period

500.00

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

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 106 / 164

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Sara

A.

Full Name (Last, First, Middle Initial)

Currie for State Representative

Mailing Address P.O. Box 377649

City

Chicago

State

IL

Zip Code

60637

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C5145862

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)

FEMINIST MAJORITY PAC

Mailing Address 1600 WILSON BLVD SUITE 801

City

ARLINGTON

State

VA

Zip Code

22209

FEC ID number of contributing
federal political committee.

C

C00377168

Name of Employer

Occupation

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C5151879

Amount of Each Receipt this Period

1000.00

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

C.

Full Name (Last, First, Middle Initial)

Friends of Dan Reitz

Mailing Address PO Box 356

City

Sparta

State

IL

Zip Code

62286-0356

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

Date of Receipt

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

Transaction ID: C5139432

Amount of Each Receipt this Period

750.00

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

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Sara

A.

Full Name (Last, First, Middle Initial)

HCR ManorCare

Mailing Address 333 NORTH SUMMIT STREET 16TH FLOOR

City State Zip Code
TOLEDO OH 43699

FEC ID number of contributing
federal political committee.

C C00260141

Name of Employer

Occupation

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C5139648

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)

ILLINOIS BANKPAC

Mailing Address 524 South Second Street Suite 600
Suite 300

City State Zip Code
Springfield IL 62701

FEC ID number of contributing
federal political committee.

C C00139568

Name of Employer

Occupation

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID: C5143945

Amount of Each Receipt this Period

2500.00

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

C.

Full Name (Last, First, Middle Initial)

Jakobsson for State Representative

Mailing Address 803 W Main St

City State Zip Code
Urbana IL 61801-2509

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 2 8 2 0 0 9

Transaction ID: C5139502

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)

4500.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Sara

A.

Full Name (Last, First, Middle Initial)

John J. Cullerton Federal Committee

Mailing Address 4004 Old Mill Lane

City

Springfield

State

IL

Zip Code

62707

FEC ID number of contributing
federal political committee.

C C00357897

Name of Employer

Occupation

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: C5000704

Amount of Each Receipt this Period

5000.00

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

B.

Full Name (Last, First, Middle Initial)

NOW PAC

Mailing Address 1100 H Street NW
3rd Fl

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing
federal political committee.

C C00092247

Name of Employer

Occupation

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C5150390

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)

To Protect Our Heritage PAC

Mailing Address 2421 W Pratt Blvd

City

Chicago

State

IL

Zip Code

60645-4603

FEC ID number of contributing
federal political committee.

C C00135541

Name of Employer

Occupation

Receipt For: 2009

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID: C5139527

Amount of Each Receipt this Period

1500.00

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

SUBTOTAL of Receipts This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 109 / 164

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Sara

A.

Full Name (Last, First, Middle Initial)
UNITED POLITICAL ACTION COMMITTEE

Mailing Address 655 Deerfield Rd
#272

City State Zip Code
Deerfield IL 60015-3241

FEC ID number of contributing
federal political committee. **C** C00152280

Name of Employer Occupation

Receipt For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

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

Transaction ID: C5000536

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)
William Davis for State Representative

Mailing Address PO Box 704

City State Zip Code
Homewood IL 60430-8704

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

Name of Employer Occupation

Receipt For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

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

Transaction ID: C5139522

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)
WOMEN'S ACTION FOR NEW DIRECTIONS PAC

Mailing Address PO BOX B 691 MASSACHUSETTS AVE

City State Zip Code
ARLINGTON MA 02174

FEC ID number of contributing
federal political committee. **C** C70002696

Name of Employer Occupation

Receipt For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
800.00

Date of Receipt

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

Transaction ID: C5143943

Amount of Each Receipt this Period

800.00

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

SUBTOTAL of Receipts This Page (optional)

1800.00

TOTAL This Period (last page this line number only)

27050.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 110 / 164

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Sara

A. Full Name (Last, First, Middle Initial)
Adducci, Dorf, Lehner, Mitchell & Blankenship, PC

Mailing Address 150 N. Michigan Avenue #2130

City Chicago State IL Zip Code 60601

Purpose of Disbursement
Legal Services

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329354

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

B. Full Name (Last, First, Middle Initial)
AKPD Message and Media

Mailing Address 730 N. Franklin St.
Suite 404

City Chicago State IL Zip Code 60610

Purpose of Disbursement
Media Consulting

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329358

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

C. Full Name (Last, First, Middle Initial)
AKPD Message and Media

Mailing Address 730 N. Franklin St.
Suite 404

City Chicago State IL Zip Code 60610

Purpose of Disbursement
Media Production

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329406

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 111 / 164

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

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NAME OF COMMITTEE (In Full)
Friends of Sara**A.**Full Name (Last, First, Middle Initial)
American Family Insurance

Mailing Address 6000 American Parkway

City Madison State WI Zip Code 53783

Purpose of Disbursement
Insurance

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329347

Date of Disbursement

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

Amount of Each Disbursement this Period

450.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**B.**Full Name (Last, First, Middle Initial)
Jody Andre

Mailing Address 211 Harrison

City Oak Park State IL Zip Code 60302

Purpose of Disbursement
Catering

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D332413

Date of Disbursement

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

Amount of Each Disbursement this Period

352.50

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

* In-Kind Received

C.Full Name (Last, First, Middle Initial)
Auburn Quad, Inc.

Mailing Address PO Box 390728

City Cambridge State MA Zip Code 02139-0008

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329420

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	5		2	0	0	9

Amount of Each Disbursement this Period

3.95

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

SUBTOTAL of Disbursements This Page (optional)

806.45

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)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Sara

A. Full Name (Last, First, Middle Initial) Auburn Quad, Inc.	Transaction ID: D329421
Mailing Address PO Box 390728	Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 8 / 2 0 0 9</div> </div>
City Cambridge State MA Zip Code 02139-0008	Amount of Each Disbursement this Period
Purpose of Disbursement Credit Card Processing Fees Candidate Name <div>Category/Type</div>	<div>1.98</div> <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) ▼	
B. Full Name (Last, First, Middle Initial) Auburn Quad, Inc.	Transaction ID: D329422
Mailing Address PO Box 390728	Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 0 / 2 0 0 9</div> </div>
City Cambridge State MA Zip Code 02139-0008	Amount of Each Disbursement this Period
Purpose of Disbursement Credit Card Processing Fees Candidate Name <div>Category/Type</div>	<div>3.95</div> <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) ▼	
C. Full Name (Last, First, Middle Initial) Auburn Quad, Inc.	Transaction ID: D329423
Mailing Address PO Box 390728	Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 1 / 2 0 0 9</div> </div>
City Cambridge State MA Zip Code 02139-0008	Amount of Each Disbursement this Period
Purpose of Disbursement Credit Card Processing Fees Candidate Name <div>Category/Type</div>	<div>4.94</div> <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)

10.87

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)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Sara

A.

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

Mailing Address PO Box 390728

City State Zip Code
Cambridge MA 02139-0008

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D323825

Date of Disbursement

/ /

Amount of Each Disbursement this Period

7.51

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

B.

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

Mailing Address PO Box 390728

City State Zip Code
Cambridge MA 02139-0008

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D323826

Date of Disbursement

/ /

Amount of Each Disbursement this Period

39.50

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

C.

Full Name (Last, First, Middle Initial)
Greg Bales

Mailing Address 8150 Schreiber Dr.

City State Zip Code
Munster IN 46321

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329128

Date of Disbursement

/ /

Amount of Each Disbursement this Period

324.37

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

SUBTOTAL of Disbursements This Page (optional)

371.38

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Sara

A. Full Name (Last, First, Middle Initial) Greg Bales Mailing Address 8150 Schreiber Dr.	Transaction ID: D329129 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 1 / 2 0 0 9</div> </div>
City Munster State IN Zip Code 46321 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <div> <div>615.63</div> <div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 </div> </div>
B. Full Name (Last, First, Middle Initial) Michael Bauer Mailing Address 2500 N Lakeview Ave Apt 2005 City Chicago State IL Zip Code 60614-4871 Purpose of Disbursement Catering Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D329467 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 6 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div> <div>318.00</div> <div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 </div> </div> * In-Kind Received
C. Full Name (Last, First, Middle Initial) Christopher Carr Mailing Address 856 Fletcher St Apt #1 City Chicago State IL Zip Code 60000 Purpose of Disbursement Payroll 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:	Transaction ID: D329390 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 1 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div> <div>1384.63</div> <div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 </div> </div>

SUBTOTAL of Disbursements This Page (optional)

2318.26

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

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(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Sara

A.

Full Name (Last, First, Middle Initial)

Christopher Carr

Mailing Address 856 Fletcher St Apt #1

City Chicago State IL Zip Code 60000

Purpose of Disbursement

Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329365

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1367.24

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

B.

Full Name (Last, First, Middle Initial)

Christopher Carr

Mailing Address 856 Fletcher St Apt #1

City Chicago State IL Zip Code 60000

Purpose of Disbursement

Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329337

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2769.25

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

C.

Full Name (Last, First, Middle Initial)

Claudia Chavez

Mailing Address 4179 N. Bloomington Ave.

City Arlington Hieghts State IL Zip Code 60004

Purpose of Disbursement

Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329338

Date of Disbursement

/ /

Amount of Each Disbursement this Period

148.94

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

SUBTOTAL of Disbursements This Page (optional)

4285.43

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 PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Sara**A.**

Full Name (Last, First, Middle Initial)

Claudia Chavez

Mailing Address 4179 N. Bloomington Ave.

City State Zip Code
Arlington Hieghts IL 60004

Purpose of Disbursement

Travel Expenses

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329049

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	2	/	2	0	0	9

Amount of Each Disbursement this Period

226.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**B.**

Full Name (Last, First, Middle Initial)

Claudia Chavez

Mailing Address 4179 N. Bloomington Ave.

City State Zip Code
Arlington Hieghts IL 60004

Purpose of Disbursement

Payroll

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329366

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	5	/	2	0	0	9

Amount of Each Disbursement this Period

983.19

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**C.**

Full Name (Last, First, Middle Initial)

Claudia Chavez

Mailing Address 4179 N. Bloomington Ave.

City State Zip Code
Arlington Hieghts IL 60004

Purpose of Disbursement

Payroll

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329461

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	3	1	/	2	0	0	9

Amount of Each Disbursement this Period

987.37

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

2196.56

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Sara

A. Full Name (Last, First, Middle Initial) EMILY'S LIST	Transaction ID: D329424 Date of Disbursement
Mailing Address 1120 Connecticut Ave NW Ste 1100	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 2 / 2 0 0 9</div> </div>
City Washington State DC Zip Code 20036-3949	Amount of Each Disbursement this Period
Purpose of Disbursement Contributions Processing Fees	<div> <div>6.32</div> </div>
Candidate Name EMILY'S LIST	<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) ▼	
B. Full Name (Last, First, Middle Initial) EMILY'S LIST	Transaction ID: D329425 Date of Disbursement
Mailing Address 1120 Connecticut Ave NW Ste 1100	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 3 / 2 0 0 9</div> </div>
City Washington State DC Zip Code 20036-3949	Amount of Each Disbursement this Period
Purpose of Disbursement Contributions Processing Fees	<div> <div>8.56</div> </div>
Candidate Name EMILY'S LIST	<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) ▼	
C. Full Name (Last, First, Middle Initial) EMILY'S LIST	Transaction ID: D329426 Date of Disbursement
Mailing Address 1120 Connecticut Ave NW Ste 1100	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 0 / 2 0 0 9</div> </div>
City Washington State DC Zip Code 20036-3949	Amount of Each Disbursement this Period
Purpose of Disbursement Contributions Processing Fees	<div> <div>227.79</div> </div>
Candidate Name EMILY'S LIST	<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)

242.67

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

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Sara

<p>A.</p> <p>Full Name (Last, First, Middle Initial) EMILY'S LIST</p> <p>Mailing Address 1120 Connecticut Ave NW Ste 1100</p> <p>City Washington State DC Zip Code 20036-3949</p> <p>Purpose of Disbursement Contributions Processing Fees</p> <p>Candidate Name EMILY'S LIST</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D329427 Date of Disbursement <div>02 / 11 / 2009</div></p> <p>Amount of Each Disbursement this Period <div>142.47</div></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Express EMPS</p> <p>Mailing Address PO Box 6600</p> <p>City Hagerstown State MD Zip Code 21741-6600</p> <p>Purpose of Disbursement Credit Card Processing Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D329398 Date of Disbursement <div>02 / 04 / 2009</div></p> <p>Amount of Each Disbursement this Period <div>575.48</div></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Express EMPS</p> <p>Mailing Address PO Box 6600</p> <p>City Hagerstown State MD Zip Code 21741-6600</p> <p>Purpose of Disbursement Credit Card Processing Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D329399 Date of Disbursement <div>02 / 04 / 2009</div></p> <p>Amount of Each Disbursement this Period <div>1226.01</div></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)

1943.96

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)
Friends of Sara

A. Full Name (Last, First, Middle Initial) Express EMPS Mailing Address PO Box 6600	Transaction ID: D329400 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 4 / 2 0 0 9</div> </div>
City Hagerstown State MD Zip Code 21741-6600 Purpose of Disbursement Credit Card Processing Fees 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) ▼	Amount of Each Disbursement this Period <div>50.50</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Express EMPS Mailing Address PO Box 6600 City Hagerstown State MD Zip Code 21741-6600 Purpose of Disbursement Merchant Card Processing Charges and Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D323779 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 5 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>404.11</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Flourish Studios Mailing Address 3020 N Lincoln Ave City Chicago State IL Zip Code 60657 Purpose of Disbursement Facility 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: D329405 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 4 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>1000.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

1454.61

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Sara

A. Full Name (Last, First, Middle Initial) Fotorej Mailing Address 5740 S. Blackstone Ave.	Transaction ID: D329375 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 1 / 2 0 0 9</div> </div>
City La Grange State IL Zip Code 60525 Purpose of Disbursement Photographs 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) ▼	Amount of Each Disbursement this Period <div>250.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Kevin Franck Mailing Address 1012 Branchview Ct. City Harwood State MD Zip Code 20776 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D329124 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>727.43</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Kevin Franck Mailing Address 1012 Branchview Ct. City Harwood State MD Zip Code 20776 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D329125 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 1 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>1384.63</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

2362.06

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

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Sara

A. Full Name (Last, First, Middle Initial) Sam Gilchrist Mailing Address 2539 W Carmen Ave	Transaction ID: D329367 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div>
City Chicago State IL Zip Code 60625 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div> <div></div> <div>326.68</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Sam Gilchrist Mailing Address 2539 W Carmen Ave	Transaction ID: D329391 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 1 / 2 0 0 9</div> </div>
City Chicago State IL Zip Code 60625 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div> <div></div> <div>641.13</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Juan Gonzalez Mailing Address 2020 w 18th st., apt 2f	Transaction ID: D329126 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div>
City chicago State IL Zip Code 60608 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div> <div></div> <div>214.83</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

1182.64

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:
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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Sara

A. Full Name (Last, First, Middle Initial) Juan Gonzalez	Transaction ID: D329127 Date of Disbursement
Mailing Address 2020 w 18th st., apt 2f	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 1 / 2 0 0 9</div> </div>
City State Zip Code chicago IL 60608	Amount of Each Disbursement this Period <div>802.00</div>
Purpose of Disbursement Payroll	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Google Ads	Transaction ID: D329411 Date of Disbursement
Mailing Address 1600 Amphitheater Parkway	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 9 / 2 0 0 9</div> </div>
City State Zip Code Mountain View CA 94043	Amount of Each Disbursement this Period <div>228.79</div>
Purpose of Disbursement Advertisement	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	<div>Category/Type</div>
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) Google Ads	Transaction ID: D329360 Date of Disbursement
Mailing Address 1600 Amphitheater Parkway	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 0 9</div> </div>
City State Zip Code Mountain View CA 94043	Amount of Each Disbursement this Period <div>57.33</div>
Purpose of Disbursement Advertisement	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	<div>Category/Type</div>
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)

1088.12

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Sara

A.

Full Name (Last, First, Middle Initial)

Graceland U.S. Post Office

Mailing Address 3024 N Ashland Ave

City Chicago State IL Zip Code 60657-3012

Purpose of Disbursement
Postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329380

Date of Disbursement

/ /

Amount of Each Disbursement this Period

210.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

Graceland U.S. Post Office

Mailing Address 3024 N Ashland Ave

City Chicago State IL Zip Code 60657-3012

Purpose of Disbursement
Postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329386

Date of Disbursement

/ /

Amount of Each Disbursement this Period

45.36

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

Graceland U.S. Post Office

Mailing Address 3024 N Ashland Ave

City Chicago State IL Zip Code 60657-3012

Purpose of Disbursement
Postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329387

Date of Disbursement

/ /

Amount of Each Disbursement this Period

45.36

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

300.72

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)
Friends of Sara

A.

Full Name (Last, First, Middle Initial)

Graceland U.S. Post Office

Mailing Address 3024 N Ashland Ave

City Chicago State IL Zip Code 60657-3012

Purpose of Disbursement
Postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329383

Date of Disbursement

/ /

Amount of Each Disbursement this Period

45.36

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

Graceland U.S. Post Office

Mailing Address 3024 N Ashland Ave

City Chicago State IL Zip Code 60657-3012

Purpose of Disbursement
Postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329415

Date of Disbursement

/ /

Amount of Each Disbursement this Period

168.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

Graceland U.S. Post Office

Mailing Address 3024 N Ashland Ave

City Chicago State IL Zip Code 60657-3012

Purpose of Disbursement
Postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329418

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5.45

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

218.81

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)
Friends of Sara

A.

Full Name (Last, First, Middle Initial)
Greenberg Quinlan Rosner Research

Mailing Address 10 G Street NW #500

City Washington State DC Zip Code 20002

Purpose of Disbursement
Polling

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329413

Date of Disbursement

/ /

Amount of Each Disbursement this Period

20524.60

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Greenberg Quinlan Rosner Research

Mailing Address 10 G Street NW #500

City Washington State DC Zip Code 20002

Purpose of Disbursement
Polling

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329361

Date of Disbursement

/ /

Amount of Each Disbursement this Period

27500.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
Hotel Helix

Mailing Address 1430 Rhode Island Avenue NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Travel Expenses

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329369

Date of Disbursement

/ /

Amount of Each Disbursement this Period

265.96

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

48290.56

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)
Friends of Sara

A. Full Name (Last, First, Middle Initial) Hotel Helix Mailing Address 1430 Rhode Island Avenue NW	Transaction ID: D329370 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 9 / 2 0 0 9</div> </div>
City Washington State DC Zip Code 20005 Purpose of Disbursement Travel Expenses 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) ▼	Amount of Each Disbursement this Period <div>229.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Illinois Department of Revenue Mailing Address PO Box 19447	Transaction ID: D329374 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 0 / 2 0 0 9</div> </div>
City Springfield State IL Zip Code 62794 Purpose of Disbursement Payroll Taxes 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) ▼	Amount of Each Disbursement this Period <div>352.62</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Illinois Department of Revenue Mailing Address PO Box 19447	Transaction ID: D329402 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 4 / 2 0 0 9</div> </div>
City Springfield State IL Zip Code 62794 Purpose of Disbursement Payroll Taxes 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) ▼	Amount of Each Disbursement this Period <div>520.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ►

1101.62

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)
Friends of Sara

A. Full Name (Last, First, Middle Initial) Illinois Department of Revenue Mailing Address PO Box 19447	Transaction ID: D329419 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 1 / 2 0 0 9</div> </div>
City Springfield State IL Zip Code 62794 Purpose of Disbursement Payroll Taxes 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) ▼	Amount of Each Disbursement this Period <div>450.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Intuit, Inc. Mailing Address 2632 Marine Way City Mountain View State CA Zip Code 94042 Purpose of Disbursement Payroll Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D323814 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 5 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>317.68</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Intuit, Inc. Mailing Address 2632 Marine Way City Mountain View State CA Zip Code 94042 Purpose of Disbursement Payroll Processing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D332415 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 3 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>7.92</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ►

775.60

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)
Friends of Sara

A.

Full Name (Last, First, Middle Initial)

Jewel-Osco

Mailing Address 2940 N. Ashland Ave.

City Chicago State IL Zip Code 60657

Purpose of Disbursement

Food & Beverage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329395

Date of Disbursement

/ /

Amount of Each Disbursement this Period

126.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

Jewel-Osco

Mailing Address 2940 N. Ashland Ave.

City Chicago State IL Zip Code 60657

Purpose of Disbursement

Food & Beverage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329396

Date of Disbursement

/ /

Amount of Each Disbursement this Period

29.63

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

Jewel-Osco

Mailing Address 2940 N. Ashland Ave.

City Chicago State IL Zip Code 60657

Purpose of Disbursement

Food & Beverage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329397

Date of Disbursement

/ /

Amount of Each Disbursement this Period

23.13

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

178.76

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
Friends of Sara

A. Full Name (Last, First, Middle Initial) Jewel-Osco	Transaction ID: D329382 Date of Disbursement
Mailing Address 2940 N. Ashland Ave.	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 8 / 2 0 0 9</div> </div>
City Chicago State IL Zip Code 60657	Amount of Each Disbursement this Period
Purpose of Disbursement Food & Beverage	<div> <div>56.64</div> </div>
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: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Daniel Johnson-Weinberger	Transaction ID: D329342 Date of Disbursement
Mailing Address 1719 N North Park Ave Apt 3	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 3 / 2 0 0 9</div> </div>
City Chicago State IL Zip Code 60614-5709	Amount of Each Disbursement this Period
Purpose of Disbursement Campaign Management Consulting	<div> <div>2000.00</div> </div>
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) ▼
C. Full Name (Last, First, Middle Initial) Kevin Kim	Transaction ID: D329393 Date of Disbursement
Mailing Address 4800 Aamarja Ct	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 1 / 2 0 0 9</div> </div>
City Palatine State IL Zip Code 60067-0403	Amount of Each Disbursement this Period
Purpose of Disbursement Office Rent	<div> <div>2250.00</div> </div>
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) ▼

SUBTOTAL of Disbursements This Page (optional)

4306.64

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

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(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Sara

A. Full Name (Last, First, Middle Initial) Jason Kingsbury Mailing Address 11577 Wheatonville Rd.	Transaction ID: D329462 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 1 / 2 0 0 9</div> </div>
City Elberfeld State IN Zip Code 47613 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <div>802.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Lakeview Insurance Agency Mailing Address 3438 N. Southport Avenue City Chicago State IL Zip Code 60657 Purpose of Disbursement Insurance 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:	Transaction ID: D329359 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 2 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>600.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Libia Armero Mailing Address 5715 W Irving Park Rd City Chicago State IL Zip Code 60634-2608 Purpose of Disbursement Rent 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:	Transaction ID: D329373 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 0 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>2028.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

3430.00

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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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Sara

A. Full Name (Last, First, Middle Initial) Brigitte Lytle Mailing Address 211 Harrison	Transaction ID: D332414 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 7 / 2 0 0 9</div> </div>
City State Zip Code Oak Park IL 60304 Purpose of Disbursement Catering Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <div> <div></div> <div>352.50</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 * In-Kind Received
B. Full Name (Last, First, Middle Initial) Joseph Mak Mailing Address 2622 W. Evergreen Avenue City State Zip Code Chicago IL 60622 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D329142 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div> <div></div> <div>820.12</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Joseph Mak Mailing Address 2622 W. Evergreen Avenue City State Zip Code Chicago IL 60622 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D329143 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 1 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div> <div></div> <div>1654.00</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

2826.62

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Sara

A. Full Name (Last, First, Middle Initial) Joseph Mak Mailing Address 2622 W. Evergreen Avenue	Transaction ID: D329144 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 1 / 2 0 0 9</div> </div>
City Chicago State IL Zip Code 60622 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <div>826.50</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Matt Hardigree Mailing Address 7777 Greenbriar St Apt 3112 City Houston State TX Zip Code 77030-4536 Purpose of Disbursement Website and Logo Design 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:	Transaction ID: D329340 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 1 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>700.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Matt McGrath Mailing Address 3660 N. Lake Shore Dr. City Chicago State IL Zip Code 60613 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D329140 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>667.95</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

2194.45

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)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Sara

A.

Full Name (Last, First, Middle Initial)

Matt McGrath

Mailing Address 3660 N. Lake Shore Dr.

City Chicago State IL Zip Code 60613

Purpose of Disbursement

Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329141

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1384.63

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

Mid-City Printing

Mailing Address 5526 West Montrose

City Chicago State IL Zip Code 60641

Purpose of Disbursement

Printing

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329344

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3918.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

Mid-City Printing

Mailing Address 5526 West Montrose

City Chicago State IL Zip Code 60641

Purpose of Disbursement

Printing

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329352

Date of Disbursement

/ /

Amount of Each Disbursement this Period

468.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

5770.63

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
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NAME OF COMMITTEE (In Full)
Friends of Sara

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Mid-City Printing</p> <p>Mailing Address 5526 West Montrose</p> <p>City Chicago State IL Zip Code 60641</p> <p>Purpose of Disbursement Printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D329353</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 0 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>1553.30</div> </div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Mission Control</p> <p>Mailing Address 114A Mansfield Hollow Rd</p> <p>City Mansfield Center State CT Zip Code 06250</p> <p>Purpose of Disbursement Direct Mail</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D329368</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 6 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>7105.00</div> </div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Mission Control</p> <p>Mailing Address 114A Mansfield Hollow Rd</p> <p>City Mansfield Center State CT Zip Code 06250</p> <p>Purpose of Disbursement Direct Mail</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D329394</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 2 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>53847.84</div> </div> </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)

62506.14

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:
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NAME OF COMMITTEE (In Full)
Friends of Sara

A.

Full Name (Last, First, Middle Initial)

Robyn Nardone

Mailing Address 1125E West Newport

City Chicago State IL Zip Code 60657

Purpose of Disbursement
Campaign Communication Consulting

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329130

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4000.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

Gina Natale

Mailing Address 4709 N. Virginia Ave
#2B

City Chicago State IL Zip Code 60625

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329458

Date of Disbursement

/ /

Amount of Each Disbursement this Period

802.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

Steven H. Nemerovski

Mailing Address 330 N Wabash Ave
1700

City Chicago State IL Zip Code 60611-3586

Purpose of Disbursement
Catering

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329468

Date of Disbursement

/ /

Amount of Each Disbursement this Period

318.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

* In-Kind Received

SUBTOTAL of Disbursements This Page (optional)

5120.00

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

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NAME OF COMMITTEE (In Full)
Friends of Sara

A.

Full Name (Last, First, Middle Initial)
NGP Software, Inc

Mailing Address 1225 I St NW
Ste 1225

City Washington State DC Zip Code 20005-5918

Purpose of Disbursement
Database Software

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329345

Date of Disbursement

/ /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
NGP Software, Inc

Mailing Address 1225 I St NW
Ste 1225

City Washington State DC Zip Code 20005-5918

Purpose of Disbursement
Email Service

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329362

Date of Disbursement

/ /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
Northeastern Illinois University

Mailing Address 5500 N. Saint Louis Avenue

City Chicago State IL Zip Code 60625

Purpose of Disbursement
Facility Rental

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329348

Date of Disbursement

/ /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)
Friends of Sara

A. Full Name (Last, First, Middle Initial) Office Depot	Transaction ID: D329349 Date of Disbursement
Mailing Address 2928 N Ashland Ave	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 8 / 2 0 0 9</div> </div>
City Chicago State IL Zip Code 60657-4004	Amount of Each Disbursement this Period
Purpose of Disbursement Office Supplies	<div> <div>223.71</div> </div>
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) ▼
B. Full Name (Last, First, Middle Initial) Office Depot	Transaction ID: D329350 Date of Disbursement
Mailing Address 2928 N Ashland Ave	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 9</div> </div>
City Chicago State IL Zip Code 60657-4004	Amount of Each Disbursement this Period
Purpose of Disbursement Office Supplies	<div> <div>265.01</div> </div>
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) ▼
C. Full Name (Last, First, Middle Initial) Office Depot	Transaction ID: D329355 Date of Disbursement
Mailing Address 2928 N Ashland Ave	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 2 / 2 0 0 9</div> </div>
City Chicago State IL Zip Code 60657-4004	Amount of Each Disbursement this Period
Purpose of Disbursement Office Supplies	<div> <div>78.35</div> </div>
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) ▼

SUBTOTAL of Disbursements This Page (optional)

567.07

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)
Friends of Sara

A. Full Name (Last, First, Middle Initial) Office Depot	Transaction ID: D329356 Date of Disbursement
Mailing Address 2928 N Ashland Ave	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 2 / 2 0 0 9</div> </div>
City Chicago State IL Zip Code 60657-4004	Amount of Each Disbursement this Period
Purpose of Disbursement Office Supplies	<div> <div>19.79</div> </div>
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) ▼
B. Full Name (Last, First, Middle Initial) Office Depot	Transaction ID: D329378 Date of Disbursement
Mailing Address 2928 N Ashland Ave	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 3 / 2 0 0 9</div> </div>
City Chicago State IL Zip Code 60657-4004	Amount of Each Disbursement this Period
Purpose of Disbursement Office Supplies	<div> <div>46.48</div> </div>
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) ▼
C. Full Name (Last, First, Middle Initial) Office Depot	Transaction ID: D329379 Date of Disbursement
Mailing Address 2928 N Ashland Ave	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 6 / 2 0 0 9</div> </div>
City Chicago State IL Zip Code 60657-4004	Amount of Each Disbursement this Period
Purpose of Disbursement Office Supplies	<div> <div>13.22</div> </div>
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) ▼

SUBTOTAL of Disbursements This Page (optional)

79.49

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

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Sara

A. Full Name (Last, First, Middle Initial) Office Depot	Transaction ID: D329385 Date of Disbursement
Mailing Address 2928 N Ashland Ave	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 8 / 2 0 0 9</div> </div>
City Chicago State IL Zip Code 60657-4004	Amount of Each Disbursement this Period
Purpose of Disbursement Office Supplies	<div> <div>28.64</div> </div>
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) ▼
B. Full Name (Last, First, Middle Initial) Office Depot	Transaction ID: D329335 Date of Disbursement
Mailing Address 2928 N Ashland Ave	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 5 / 2 0 0 9</div> </div>
City Chicago State IL Zip Code 60657-4004	Amount of Each Disbursement this Period
Purpose of Disbursement Office Supplies	<div> <div>175.21</div> </div>
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) ▼
C. Full Name (Last, First, Middle Initial) Michael Rendina	Transaction ID: D329137 Date of Disbursement
Mailing Address 2506 Windy Oak Ct.	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 1 / 2 0 0 9</div> </div>
City Crofton State MD Zip Code 21114	Amount of Each Disbursement this Period
Purpose of Disbursement Payroll	<div> <div>6418.75</div> </div>
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: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

6622.60

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

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Sara

A. Full Name (Last, First, Middle Initial) Michael Rendina	Transaction ID: D329138
Mailing Address 2506 Windy Oak Ct.	Date of Disbursement
City Crofton State MD Zip Code 21114	<div> <div>01</div> <div>15</div> <div>2009</div> </div>
Purpose of Disbursement	Amount of Each Disbursement this Period
Payroll	<div>3172.37</div>
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: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Michael Rendina	Transaction ID: D329139
Mailing Address 2506 Windy Oak Ct.	Date of Disbursement
City Crofton State MD Zip Code 21114	<div> <div>01</div> <div>31</div> <div>2009</div> </div>
Purpose of Disbursement	Amount of Each Disbursement this Period
Payroll	<div>3209.38</div>
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: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Lee Rosenberg	Transaction ID: D329469
Mailing Address 2053 N Seminary Ave	Date of Disbursement
City Chicago State IL Zip Code 60614-4109	<div> <div>01</div> <div>26</div> <div>2009</div> </div>
Purpose of Disbursement	Amount of Each Disbursement this Period
Catering	<div>318.00</div>
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: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

* In-Kind Received

SUBTOTAL of Disbursements This Page (optional)

6699.75

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

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Sara

A. Full Name (Last, First, Middle Initial) Sheffield's Beer Garden & BBQ Restaurant Mailing Address 3258 N. Sheffield Avenue	Transaction ID: D329381 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 7 / 2 0 0 9</div> </div>
City Chicago State IL Zip Code 60657 Purpose of Disbursement Facility 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) ▼	Amount of Each Disbursement this Period <div>250.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Stacey Smith Mailing Address 1451 N. Cambell Ave. #1R City Chicago State IL Zip Code 60614 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D329135 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>634.74</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Stacey Smith Mailing Address 1451 N. Cambell Ave. #1R City Chicago State IL Zip Code 60614 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D329136 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 1 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>641.13</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ►

1525.87

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)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Sara

A.

Full Name (Last, First, Middle Initial)
Katelynd Thompson

Mailing Address 6697 Revere Ct.

City Gurnee State IL Zip Code 60031

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329133

Date of Disbursement

/ /

Amount of Each Disbursement this Period

407.19

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Katelynd Thompson

Mailing Address 6697 Revere Ct.

City Gurnee State IL Zip Code 60031

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329134

Date of Disbursement

/ /

Amount of Each Disbursement this Period

802.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
U.S. Treasury

Mailing Address IRS Service Center

City Cincinnati State OH Zip Code 45999

Purpose of Disbursement
Payroll Taxes

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329403

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4823.94

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

6033.13

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Sara

A. Full Name (Last, First, Middle Initial) U.S. Treasury	Transaction ID: D329404 Date of Disbursement
Mailing Address IRS Service Center	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 4 / 2 0 0 9</div> </div>
City Cincinnati State OH Zip Code 45999	Amount of Each Disbursement this Period
Purpose of Disbursement Payroll Taxes	<div> <div>4302.68</div> </div>
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) ▼
B. Full Name (Last, First, Middle Initial) U.S. Treasury	Transaction ID: D329401 Date of Disbursement
Mailing Address IRS Service Center	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 4 / 2 0 0 9</div> </div>
City Cincinnati State OH Zip Code 45999	Amount of Each Disbursement this Period
Purpose of Disbursement Payroll Taxes	<div> <div>3326.38</div> </div>
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) ▼
C. Full Name (Last, First, Middle Initial) United Airlines	Transaction ID: D329371 Date of Disbursement
Mailing Address P.O. 66100	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 9 / 2 0 0 9</div> </div>
City Chicago State IL Zip Code 60666	Amount of Each Disbursement this Period
Purpose of Disbursement Travel Expenses	<div> <div>248.20</div> </div>
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) ▼

SUBTOTAL of Disbursements This Page (optional)

7877.26

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 PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Sara**A.** Full Name (Last, First, Middle Initial)
XPRESS Professional Services

Mailing Address 220 E Adams St

City Springfield State IL Zip Code 62701-1123

Purpose of Disbursement

Phone Bank

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329341

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	1	/	2	0	0	9

Amount of Each Disbursement this Period

1151.46

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**B.** Full Name (Last, First, Middle Initial)
Adam Yost

Mailing Address 1417 Rolling Grove Ct.

City Naperville State IL Zip Code 60540

Purpose of Disbursement

Payroll

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329131

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	5	/	2	0	0	9

Amount of Each Disbursement this Period

820.12

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**C.** Full Name (Last, First, Middle Initial)
Adam Yost

Mailing Address 1417 Rolling Grove Ct.

City Naperville State IL Zip Code 60540

Purpose of Disbursement

Payroll

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329132

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	3	1	/	2	0	0	9

Amount of Each Disbursement this Period

826.50

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

2798.08

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)
Friends of Sara

A. Full Name (Last, First, Middle Initial) Adam Yost Mailing Address 1417 Rolling Grove Ct.	Transaction ID: D322649 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 1 / 2 0 0 9</div> </div>
City Naperville State IL Zip Code 60540 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <div>1654.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Adam Yost Mailing Address 1417 Rolling Grove Ct.	Transaction ID: D329050 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 9</div> </div>
City Naperville State IL Zip Code 60540 Purpose of Disbursement Offices supplies and parking Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <div>430.47</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Graceland U.S. Post Office Mailing Address 3024 N Ashland Ave	Transaction ID: D329055 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 6 / 2 0 0 9</div> </div>
City Chicago State IL Zip Code 60657-3012 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <div>168.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ►

2084.47

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

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(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Sara

A.

Full Name (Last, First, Middle Initial)

Graceland U.S. Post Office

Mailing Address 3024 N Ashland Ave

City Chicago State IL Zip Code 60657-3012

Purpose of Disbursement
Postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329056

Date of Disbursement

/ /

Amount of Each Disbursement this Period

42.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Office Depot

Mailing Address 2928 N Ashland Ave

City Chicago State IL Zip Code 60657-4004

Purpose of Disbursement
Office Supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329054

Date of Disbursement

/ /

Amount of Each Disbursement this Period

146.41

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Joseph Mak

Mailing Address 2622 W. Evergreen Avenue

City Chicago State IL Zip Code 60622

Purpose of Disbursement
Office Supplies and Postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329057

Date of Disbursement

/ /

Amount of Each Disbursement this Period

62.30

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

62.30

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

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(check only one)

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NAME OF COMMITTEE (In Full)
Friends of Sara

A.

Full Name (Last, First, Middle Initial)
Joseph Mak

Mailing Address 2622 W. Evergreen Avenue

City Chicago State IL Zip Code 60622

Purpose of Disbursement
Office Supplies and Parking

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329061

Date of Disbursement

/ /

Amount of Each Disbursement this Period

152.11

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Graceland U.S. Post Office

Mailing Address 3024 N Ashland Ave

City Chicago State IL Zip Code 60657-3012

Purpose of Disbursement
Postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329069

Date of Disbursement

/ /

Amount of Each Disbursement this Period

26.04

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Michael Rendina

Mailing Address 2506 Windy Oak Ct.

City Crofton State MD Zip Code 21114

Purpose of Disbursement
Furniture and Office Supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329072

Date of Disbursement

/ /

Amount of Each Disbursement this Period

264.80

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

416.91

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)
Friends of Sara

A.

Full Name (Last, First, Middle Initial)

Robyn Nardone

Mailing Address 1125E West Newport

City Chicago State IL Zip Code 60657

Purpose of Disbursement
Office Supplies Parking and Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329075

Date of Disbursement

/ /

Amount of Each Disbursement this Period

134.97

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

Jewel-Osco

Mailing Address 2940 N. Ashland Ave.

City Chicago State IL Zip Code 60657

Purpose of Disbursement
Office Supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329082

Date of Disbursement

/ /

Amount of Each Disbursement this Period

9.38

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Office Depot

Mailing Address 2928 N Ashland Ave

City Chicago State IL Zip Code 60657-4004

Purpose of Disbursement
Office Supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329085

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4.73

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

134.97

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Sara

A. Full Name (Last, First, Middle Initial) Office Depot	Transaction ID: D329086 Date of Disbursement
Mailing Address 2928 N Ashland Ave	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 9 / 2 0 0 9</div> </div>
City Chicago State IL Zip Code 60657-4004	Amount of Each Disbursement this Period <div>39.66</div>
Purpose of Disbursement Office Supplies Candidate Name	<div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<div> [MEMO ITEM] </div>
Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) Office Depot	Transaction ID: D329087 Date of Disbursement
Mailing Address 2928 N Ashland Ave	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 9 / 2 0 0 9</div> </div>
City Chicago State IL Zip Code 60657-4004	Amount of Each Disbursement this Period <div>13.86</div>
Purpose of Disbursement Office Supplies Candidate Name	<div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<div> [MEMO ITEM] </div>
Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) Office Depot	Transaction ID: D329088 Date of Disbursement
Mailing Address 2928 N Ashland Ave	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 9 / 2 0 0 9</div> </div>
City Chicago State IL Zip Code 60657-4004	Amount of Each Disbursement this Period <div>99.19</div>
Purpose of Disbursement Office Supplies Candidate Name	<div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<div> [MEMO ITEM] </div>
Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
SUBTOTAL of Disbursements This Page (optional)	<div>0.00</div>
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

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NAME OF COMMITTEE (In Full)
Friends of Sara

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Angelina M Rossi</p> <p>Mailing Address 5315 N Clark St # 309</p> <p>City Chicago State IL Zip Code 60640-2290</p> <p>Purpose of Disbursement Office Supplies, Furniture, Food and Beverage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D329091</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 2661.54</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) COSTCO Wholesale</p> <p>Mailing Address 2746 N. Clybourn</p> <p>City Chicago State IL Zip Code 60614</p> <p>Purpose of Disbursement Food and Beverage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D329106</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 111.47</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) COSTCO Wholesale</p> <p>Mailing Address 2746 N. Clybourn</p> <p>City Chicago State IL Zip Code 60614</p> <p>Purpose of Disbursement Office Supplies, Furniture</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D329107</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 454.29</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional)

2661.54

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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NAME OF COMMITTEE (In Full)
Friends of Sara

<p>A.</p> <p>Full Name (Last, First, Middle Initial) COSTCO Wholesale</p> <p>Mailing Address 2746 N. Clybourn</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 State: District:</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D329108 Date of Disbursement 01 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 341.73</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Independent Voters of Illinois Independent Precinc</p> <p>Mailing Address 1325 S. Wabash</p> <p>City Chicago State IL Zip Code 60605</p> <p>Purpose of Disbursement Membership Dues</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D329102 Date of Disbursement 01 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 450.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Intuit, Inc.</p> <p>Mailing Address 2632 Marine Way</p> <p>City Mountain View State CA Zip Code 94042</p> <p>Purpose of Disbursement Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D329104 Date of Disbursement 01 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 160.42</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]</p>

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)

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NAME OF COMMITTEE (In Full)
Friends of Sara

A.

Full Name (Last, First, Middle Initial)

Jewel-Osco

Mailing Address 2940 N. Ashland Ave.

City Chicago State IL Zip Code 60657

Purpose of Disbursement
Postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329105

Date of Disbursement

/ /

Amount of Each Disbursement this Period

42.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Office Depot

Mailing Address 2928 N Ashland Ave

City Chicago State IL Zip Code 60657-4004

Purpose of Disbursement
Office Supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329109

Date of Disbursement

/ /

Amount of Each Disbursement this Period

551.24

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Office Depot

Mailing Address 2928 N Ashland Ave

City Chicago State IL Zip Code 60657-4004

Purpose of Disbursement
Office Supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329110

Date of Disbursement

/ /

Amount of Each Disbursement this Period

109.09

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)
Friends of Sara

A.

Full Name (Last, First, Middle Initial)

Office Depot

Mailing Address 2928 N Ashland Ave

City Chicago State IL Zip Code 60657-4004

Purpose of Disbursement

Office Supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329111

Date of Disbursement

01 / 05 / 2009

Amount of Each Disbursement this Period

224.50

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

COSTCO Wholesale

Mailing Address 2746 N. Clybourn

City Chicago State IL Zip Code 60614

Purpose of Disbursement

Office Supplies, Food and Beverage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329114

Date of Disbursement

02 / 10 / 2009

Amount of Each Disbursement this Period

228.79

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Angelina M Rossi

Mailing Address 5315 N Clark St
309

City Chicago State IL Zip Code 60640-2290

Purpose of Disbursement

Office Supplies, Postage, Food and Beverage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329112

Date of Disbursement

02 / 10 / 2009

Amount of Each Disbursement this Period

1262.51

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

1262.51

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)

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NAME OF COMMITTEE (In Full)
Friends of Sara

A. Full Name (Last, First, Middle Initial) COSTCO Wholesale	Transaction ID: D329113 Date of Disbursement
Mailing Address 2746 N. Clybourn	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 0 / 2 0 0 9</div> </div>
City Chicago State IL Zip Code 60614	Amount of Each Disbursement this Period <div>181.00</div>
Purpose of Disbursement Office Supplies	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
B. Full Name (Last, First, Middle Initial) COSTCO Wholesale	Transaction ID: D329115 Date of Disbursement
Mailing Address 2746 N. Clybourn	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 0 / 2 0 0 9</div> </div>
City Chicago State IL Zip Code 60614	Amount of Each Disbursement this Period <div>259.44</div>
Purpose of Disbursement Office Supplies, Food and Beverage	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
C. Full Name (Last, First, Middle Initial) Graceland U.S. Post Office	Transaction ID: D329119 Date of Disbursement
Mailing Address 3024 N Ashland Ave	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 0 / 2 0 0 9</div> </div>
City Chicago State IL Zip Code 60657-3012	Amount of Each Disbursement this Period <div>168.00</div>
Purpose of Disbursement Postage	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)	<div>0.00</div>
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

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NAME OF COMMITTEE (In Full)
Friends of Sara

A. Full Name (Last, First, Middle Initial) Robyn Nardone Mailing Address 1125E West Newport	Transaction ID: D329120 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 0 / 2 0 0 9</div> </div>
City Chicago State IL Zip Code 60657 Purpose of Disbursement Facility Rental Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <div>50.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) Office Depot Mailing Address 2928 N Ashland Ave City Chicago State IL Zip Code 60657-4004 Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D329122 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 0 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>48.49</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) Office Depot Mailing Address 2928 N Ashland Ave City Chicago State IL Zip Code 60657-4004 Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D329117 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 0 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>55.05</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ►

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

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NAME OF COMMITTEE (In Full)
Friends of Sara

A. Full Name (Last, First, Middle Initial) Office Depot Mailing Address 2928 N Ashland Ave	Transaction ID: D329118 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 0 / 2 0 0 9</div> </div>
City Chicago State IL Zip Code 60657-4004 Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>93.67</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) Citi Cards Mailing Address PO Box 688911	Transaction ID: D329343 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 5 / 2 0 0 9</div> </div>
City Des Moines State IA Zip Code 50368-8911 Purpose of Disbursement Itemized Charges Below 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) ▼	Amount of Each Disbursement this Period <div>308.02</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Jewel-Osco Mailing Address 2940 N. Ashland Ave.	Transaction ID: D329438 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 5 / 2 0 0 9</div> </div>
City Chicago State IL Zip Code 60657 Purpose of Disbursement Food and Beverage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>65.37</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ►

308.02

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
Friends of Sara

A.

Full Name (Last, First, Middle Initial)

Jewel-Osco

Mailing Address 2940 N. Ashland Ave.

City State Zip Code
Chicago IL 60657

Purpose of Disbursement
Food and Beverage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329442

Date of Disbursement

/ /

Amount of Each Disbursement this Period

18.56

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 0001

City State Zip Code
Los Angeles CA 90096-8000

Purpose of Disbursement
Itemized Disbursements Below

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329346

Date of Disbursement

/ /

Amount of Each Disbursement this Period

332.75

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

Citi Cards

Mailing Address PO Box 688911

City State Zip Code
Des Moines IA 50368-8911

Purpose of Disbursement
Itemized Charges Below

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329388

Date of Disbursement

/ /

Amount of Each Disbursement this Period

87.40

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

420.15

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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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Sara

A.

Full Name (Last, First, Middle Initial)
American Express

Mailing Address PO Box 0001

City Los Angeles State CA Zip Code 90096-8000

Purpose of Disbursement
Itemized Charges Below

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329389

Date of Disbursement

/ /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

69.81

TOTAL This Period (last page this line number only)

217502.49

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 checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Sara

A.

Full Name (Last, First, Middle Initial)
Government Navigation Group

Mailing Address 320 W. Ohio
Suite 501

City State Zip Code
Chicago IL 60654

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D332416

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	1		2	0	0	9

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)

1000.00

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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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 checked="" type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Sara

A.

Full Name (Last, First, Middle Initial)

Citizens for Sara Feigenholtz

Mailing Address 3213 N Wilton Ave.
Unit A

City Chicago State IL Zip Code 60657-2280

Purpose of Disbursement
Contribution Refund

Candidate Name
Citizens for Sara Feigenholtz

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329123

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	0		2	0	0	9

Amount of Each Disbursement this Period

500.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

500.00

TOTAL This Period (last page this line number only)

500.00

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)☐ 9
☒ 10NAME OF COMMITTEE (In Full)
Friends of Sara**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
Adducci, Dorf, Lehner, Mitchell & Blankenship, PCNature of Debt (Purpose):
Legal Services

Mailing Address 150 N. Michigan Avenue #2130

City State ZIP Code
Chicago IL 60601

Outstanding Balance Beginning This Period

0.00

Transaction ID: D332417

Amount Incurred This Period

6132.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

6132.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
AKPD Message and MediaNature of Debt (Purpose):
Media ProductionMailing Address 730 N. Franklin St.
Suite 404City State ZIP Code
Chicago IL 60610

Outstanding Balance Beginning This Period

0.00

Transaction ID: D332418

Amount Incurred This Period

2294.63

Payment This Period

0.00

Outstanding Balance at Close of This Period

2294.63

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
AKPD Message and MediaNature of Debt (Purpose):
Media ConsultingMailing Address 730 N. Franklin St.
Suite 404City State ZIP Code
Chicago IL 60610

Outstanding Balance Beginning This Period

0.00

Transaction ID: D332426

Amount Incurred This Period

5000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5000.00

1) **SUBTOTALS** This Period This Page (optional).....

13426.63

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)☐ 9
☒ 10NAME OF COMMITTEE (In Full)
Friends of Sara**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
AT&TNature of Debt (Purpose):
Telephone

Mailing Address PO Box 8100

City State ZIP Code
Aurora IL 60507-8100

Outstanding Balance Beginning This Period

0.00

Transaction ID: D332421

Amount Incurred This Period

530.60

Payment This Period

0.00

Outstanding Balance at Close of This Period

530.60

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Daniel Johnson-WeinbergerNature of Debt (Purpose):
Campaign Management ConsultingMailing Address 1719 N North Park Ave
Apt 3City State ZIP Code
Chicago IL 60614-5709

Outstanding Balance Beginning This Period

2000.00

Transaction ID: D328468

Amount Incurred This Period

0.00

Payment This Period

2000.00

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Matt HardigreeNature of Debt (Purpose):
Website and Logo DesignMailing Address 7777 Greenbriar St
Apt 3112City State ZIP Code
Houston TX 77030-4536

Outstanding Balance Beginning This Period

700.00

Transaction ID: D328466

Amount Incurred This Period

0.00

Payment This Period

700.00

Outstanding Balance at Close of This Period

0.00

1) SUBTOTALS This Period This Page (optional).....

530.60

2) TOTALS This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
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FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)
Friends of Sara

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Mid-City Printing

Nature of Debt (Purpose):
Printing

Mailing Address 5526 West Montrose

City State ZIP Code
Chicago IL 60641

Outstanding Balance Beginning This Period

0.00

Transaction ID: D332419

Amount Incurred This Period

512.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

512.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Mission Control

Nature of Debt (Purpose):
Direct Mail

Mailing Address 114A Mansfield Hollow Rd

City State ZIP Code
Mansfield Center CT 06250

Outstanding Balance Beginning This Period

0.00

Transaction ID: D332420

Amount Incurred This Period

53955.84

Payment This Period

0.00

Outstanding Balance at Close of This Period

53955.84

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Robyn Nardone

Nature of Debt (Purpose):
Campaign Communications
Consulting

Mailing Address 1125E West Newport

City State ZIP Code
Chicago IL 60657

Outstanding Balance Beginning This Period

4000.00

Transaction ID: D328467

Amount Incurred This Period

0.00

Payment This Period

4000.00

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional).....

54467.84

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
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numbered line)

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FOR LINE NUMBER:
(check only one)☐ 9
☒ 10NAME OF COMMITTEE (In Full)
Friends of Sara**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
NGP Software, IncNature of Debt (Purpose):
DatabaseMailing Address 1225 I St NW
Ste 1225City State ZIP Code
Washington DC 20005-5918

Outstanding Balance Beginning This Period

0.00

Transaction ID: D332427

Amount Incurred This Period

2100.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2100.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
XPRESS Professional ServicesNature of Debt (Purpose):
Phone Bank

Mailing Address 220 E Adams St

City State ZIP Code
Springfield IL 62701-1123

Outstanding Balance Beginning This Period

1151.46

Transaction ID: D328469

Amount Incurred This Period

0.00

Payment This Period

1151.46

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional).....

2100.00

2) **TOTALS** This Period (last page this line number only).....

70525.07

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

70525.07