

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 164
	<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) Avery Miller		Date of Receipt MM / DD / YYYY 02 / 05 / 2009
	Mailing Address 12518 S Pawnee Rd		Transaction ID: C5145870
	City Palos Park	State IL	Zip Code 60464-1855
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Rush University Medical Center Receipt For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Senior VP, Public Affairs Election Cycle-to-Date ▼ 250.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.	Full Name (Last, First, Middle Initial) Charles Mills		Date of Receipt MM / DD / YYYY 02 / 05 / 2009
	Mailing Address 700 S. Ridge Rd.		Transaction ID: C5145184
	City Lake Forest	State IL	Zip Code 60045
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2400.00
	Name of Employer Medline Receipt For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation business executive Election Cycle-to-Date ▼ 2400.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.	Full Name (Last, First, Middle Initial) Patricia Mintmire		Date of Receipt MM / DD / YYYY 02 / 02 / 2009
	Mailing Address 220 Sunrise Ave. Suite 206		Transaction ID: C5143949
	City Palm Beach	State FL	Zip Code 33480
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer Retired Receipt For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Social Worker Election Cycle-to-Date ▼ 500.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	3150.00
TOTAL This Period (last page this line number only)	▶	