

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 Ray LaHood

ADDRESS (number and street) 4238 N Knoxville Ave

Check if different than previously reported. (ACC)

Peoria IL 61614

2. **FEC IDENTIFICATION NUMBER** C00284901

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

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

IL 18

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

Primary (12P) General (12G) Runoff (12R)

Convention (12C) Special (12S)

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

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

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

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

5. Covering Period 07 01 2007 through 09 30 2007

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 Rex Linder

Signature of Treasurer Electronically Filed by Rex Linder Date 10 14 2007

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Friends of Ray LaHood

Report Covering the Period: From: To:

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	1800.00	199370.64
(b) Total Contribution Refunds (from Line 20(d)).....	4300.00	5300.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	-2500.00	194070.64
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	74243.94	372200.13
(b) Total Offsets to Operating Expenditures (from Line 14).....	2201.20	4865.18
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	72042.74	367334.95
8. Cash on Hand at Close of Reporting Period (from Line 27).....	410325.59	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name
Friends of Ray LaHood

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	7

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

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

550.00

116550.00

(ii) Unitemized.....

250.00

35461.00

(iii) TOTAL of contributions

800.00

152011.00

from individuals..... ▶

0.00

196.00

(b) Political Party Committees.....

1000.00

47163.64

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

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

1800.00

199370.64

(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.).....

2201.20

4865.18

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

2591.88

19301.47

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

6593.08

223537.29

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	74243.94	372200.13
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.....	3300.00	4300.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	1000.00	1000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	4300.00	5300.00
21. OTHER DISBURSEMENTS.....	76000.00	152000.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	154543.94	529500.13

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	558276.45
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	6593.08
25. SUBTOTAL (add Line 23 and Line 24).....	564869.53
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	154543.94
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	410325.59

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 5 / 71
	(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 Ray LaHood

A. Full Name (Last, First, Middle Initial)
American Maritime Officers PAC

Mailing Address American Maritime Officers PAC
490 LEnfant Plaza East SW #7204

City State Zip Code
Washington DC 20024

FEC ID number of contributing federal political committee. **C** C00027532

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	4	/	2	0	0	7

Transaction ID: 70806.C21771

Amount of Each Receipt this Period
1000.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 / 71
	(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 Ray LaHood

A. Full Name (Last, First, Middle Initial)
Pat Brady

Mailing Address 4 N 752 Ware Woods Drive

City State Zip Code
Saint Charles IL 60175

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

Name of Employer Deloitte & Touche Occupation Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2300.00

Date of Receipt
MM / DD / YYYY
07 / 23 / 2007

Transaction ID: 70806.C21766

Amount of Each Receipt this Period
300.00

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

B. Full Name (Last, First, Middle Initial)
Nathan Kress

Mailing Address 16225 W Route 150

City State Zip Code
Brimfield IL 61517

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

Name of Employer Kress Corporation Occupation Engineer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
450.00

Date of Receipt
MM / DD / YYYY
07 / 10 / 2007

Transaction ID: 70806.C21762

Amount of Each Receipt this Period
250.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 / 71
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input checked="" type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Ray LaHood

A. Full Name (Last, First, Middle Initial)
Capitol GA-10 Congressional Victory Co

Mailing Address PO Box 40118

City State Zip Code
Washington DC 20016-0118

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 23 / 2007

Transaction ID: 70806.C21763

Amount of Each Receipt this Period
2000.00

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

B. Full Name (Last, First, Middle Initial)
Internal Revenue Service

Mailing Address Not Listed

City State Zip Code
Cincinnati OH 45999-0013

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
201.20

Date of Receipt
M M / D D / Y Y Y Y
08 / 15 / 2007

Transaction ID: 70822.C21772

Amount of Each Receipt this Period
201.20

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

SUBTOTAL of Receipts This Page (optional)	▶	2201.20
TOTAL This Period (last page this line number only)	▶	2201.20

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 71
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Ray LaHood

Full Name (Last, First, Middle Initial) A. Heritage Bank Savings		Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2007
Mailing Address 3420 W Willow Knolls Drive		Transaction ID: 70822.C21773
City Peoria State IL Zip Code 61614-	Amount of Each Receipt this Period 1064.79	
FEC ID number of contributing federal political committee. C		Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 9972.61	

Full Name (Last, First, Middle Initial) B. Heritage Bank Savings		Date of Receipt M M / D D / Y Y Y Y Y 08 / 31 / 2007
Mailing Address 3420 W Willow Knolls Drive		Transaction ID: 71011.C21784
City Peoria State IL Zip Code 61614-	Amount of Each Receipt this Period 952.08	
FEC ID number of contributing federal political committee. C		Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 10924.69	

Full Name (Last, First, Middle Initial) C. Heritage Bank Savings		Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2007
Mailing Address 3420 W Willow Knolls Drive		Transaction ID: 71011.C21789
City Peoria State IL Zip Code 61614-	Amount of Each Receipt this Period 575.01	
FEC ID number of contributing federal political committee. C		Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 11499.70	

SUBTOTAL of Receipts This Page (optional) ▶	2591.88
TOTAL This Period (last page this line number only) ▶	2591.88

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Ray LaHood

Full Name (Last, First, Middle Initial) A. 116, Inc		Transaction ID: 70806.E7701 Date of Disbursement 07 / 25 / 2007
Mailing Address 234 third Street, NE		Amount of Each Disbursement this Period 72.10
City Washington State DC Zip Code 20002-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MEALS	Candidate Name	MEALS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. 116, Inc		Transaction ID: 71011.E7855 Date of Disbursement 09 / 20 / 2007
Mailing Address 234 third Street, NE		Amount of Each Disbursement this Period 58.00
City Washington State DC Zip Code 20002-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MEALS	Candidate Name	MEALS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. AmerenCilco		Transaction ID: 70702.E7659 Date of Disbursement 07 / 02 / 2007
Mailing Address PO Box 66826		Amount of Each Disbursement this Period 290.55
City Saint Louis State MO Zip Code 63166-6826	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement UTILITIES	Candidate Name	UTILITIES
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) ▶	420.65
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Ray LaHood

Full Name (Last, First, Middle Initial) A. AmerenCilco		Transaction ID: 70806.E7702 Date of Disbursement 07 / 25 / 2007	
Mailing Address PO Box 66826		Amount of Each Disbursement this Period 360.55	
City Saint Louis State MO Zip Code 63166-6826	Purpose of Disbursement UTILITIES Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 UTILITIES	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. AmerenCilco		Transaction ID: 71011.E7797 Date of Disbursement 08 / 22 / 2007	
Mailing Address PO Box 66826		Amount of Each Disbursement this Period 321.99	
City Saint Louis State MO Zip Code 63166-6826	Purpose of Disbursement UTILITIES Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 UTILITIES	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Anstett Accounting		Transaction ID: 70806.E7690 Date of Disbursement 07 / 18 / 2007	
Mailing Address 615 W Glen Avenue		Amount of Each Disbursement this Period 70.25	
City Peoria State IL Zip Code 61614-	Purpose of Disbursement ACCOUNTING SERVICES Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 ACCOUNTING SERVICES	
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) ▶	752.79
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

PAGE 11 / 71

<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 Ray LaHood

Full Name (Last, First, Middle Initial) A. Anstett Accounting		Transaction ID: 70822.E7714 Date of Disbursement 08 / 06 / 2007
Mailing Address 615 W Glen Avenue		Amount of Each Disbursement this Period 109.75
City Peoria State IL Zip Code 61614-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement ACCOUNTING SERVICES	Candidate Name	ACCOUNTING SERVICES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Anstett Accounting		Transaction ID: 71011.E7836 Date of Disbursement 09 / 12 / 2007
Mailing Address 615 W Glen Avenue		Amount of Each Disbursement this Period 37.50
City Peoria State IL Zip Code 61614-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement ACCOUNTING SERVICES	Candidate Name	ACCOUNTING SERVICES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Aristotle		Transaction ID: 70702.E7666 Date of Disbursement 07 / 02 / 2007
Mailing Address Attn:Accounts Receivable 50 E Street SE		Amount of Each Disbursement this Period 3250.00
City Washington State DC Zip Code 20003-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement COMPUTER SERVICES	Candidate Name	COMPUTER SERVICES
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) ▶	3397.25
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Ray LaHood

Full Name (Last, First, Middle Initial) A. Matt Bisbee		Transaction ID: 70703.E7672 Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2007
Mailing Address 785 N Dean Street		Amount of Each Disbursement this Period 353.76
City Bushnell State IL Zip Code 61422-1203	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TRAVEL REIMBURSEMENT	Candidate Name	TRAVEL REIMBURSEMENT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Matt Bisbee		Transaction ID: 70822.E7716 Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2007
Mailing Address 785 N Dean Street		Amount of Each Disbursement this Period 285.12
City Bushnell State IL Zip Code 61422-1203	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TRAVEL REIMBURSEMENT	Candidate Name	TRAVEL REIMBURSEMENT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Matt Bisbee		Transaction ID: 71011.E7827 Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2007
Mailing Address 785 N Dean Street		Amount of Each Disbursement this Period 543.36
City Bushnell State IL Zip Code 61422-1203	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TRAVEL REIMBURSEMENT	Candidate Name	TRAVEL REIMBURSEMENT
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) ▶	1182.24
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 13 / 71

<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 Ray LaHood

Full Name (Last, First, Middle Initial) A. Boy Scouts Of America		Transaction ID: 71011.E7799 Date of Disbursement 08 / 22 / 2007
Mailing Address 614 NE Madison Avenue		Amount of Each Disbursement this Period 1500.00
City Peoria State IL Zip Code 61603-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SPONSORSHIP Candidate Name	Category/Type	SPONSORSHIP
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Bradley University		Transaction ID: 70822.E7722 Date of Disbursement 08 / 12 / 2007
Mailing Address 1501 W Bradley Avenue		Amount of Each Disbursement this Period 800.00
City Peoria State IL Zip Code 61606-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement ADVERTISING Candidate Name	Category/Type	ADVERTISING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Capitol Hill Club		Transaction ID: 70806.E7684 Date of Disbursement 07 / 18 / 2007
Mailing Address 300 First Street SE		Amount of Each Disbursement this Period 548.74
City Washington State DC Zip Code 20003-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MEALS Candidate Name	Category/Type	MEALS
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) ▶	2848.74
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Ray LaHood

Full Name (Last, First, Middle Initial) A. Capitol Hill Club		Transaction ID: 71011.E7841 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 7
Mailing Address 300 First Street SE		Amount of Each Disbursement this Period 100.60
City Washington State DC Zip Code 20003-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MEALS Candidate Name	Category/Type	MEALS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Cash		Transaction ID: 70702.E7669 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 2 / 2 0 0 7
Mailing Address 4238 N Knoxville Avenue		Amount of Each Disbursement this Period 100.00
City Peoria State IL Zip Code 61614-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PETTY CASH Candidate Name	Category/Type	PETTY CASH
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Cash		Transaction ID: 70702.E7670 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 2 / 2 0 0 7
Mailing Address 4238 N Knoxville Avenue		Amount of Each Disbursement this Period 100.00
City Peoria State IL Zip Code 61614-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PETTY CASH Candidate Name	Category/Type	PETTY CASH
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) ▶	300.60
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Ray LaHood

Full Name (Last, First, Middle Initial) A. CDS Office Technologies		Transaction ID: 70702.E7660 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 2 / 2 0 0 7
Mailing Address PO Box 3566		Amount of Each Disbursement this Period 40.00
City Springfield State IL Zip Code 62703-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement COPIES	Candidate Name	COPIES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. CDS Office Technologies		Transaction ID: 70806.E7679 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 8 / 2 0 0 7
Mailing Address PO Box 3566		Amount of Each Disbursement this Period 40.00
City Springfield State IL Zip Code 62703-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement COPIES	Candidate Name	COPIES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. CDS Office Technologies		Transaction ID: 71011.E7832 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 7
Mailing Address PO Box 3566		Amount of Each Disbursement this Period 40.00
City Springfield State IL Zip Code 62703-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement COPIES	Candidate Name	COPIES
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) ▶	120.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Ray LaHood

Full Name (Last, First, Middle Initial) A. Center for Prevention of Abuse		Transaction ID: 71011.E7800 Date of Disbursement 08 / 22 / 2007
Mailing Address 720 W Joan Ct		Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Peoria State IL Zip Code 61614-5976	Purpose of Disbursement SPONSORSHIP Candidate Name <input type="checkbox"/> Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SPONSORSHIP

Full Name (Last, First, Middle Initial) B. Central IL Proud Families of Marines		Transaction ID: 70822.E7719 Date of Disbursement 08 / 12 / 2007
Mailing Address 9315 N Frye Rd		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Peoria State IL Zip Code 61615-1717	Purpose of Disbursement SPONSORSHIP Candidate Name <input type="checkbox"/> Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SPONSORSHIP

Full Name (Last, First, Middle Initial) C. Chase		Transaction ID: 70806.E7707 Date of Disbursement 07 / 26 / 2007
Mailing Address PO Box 15153		Amount of Each Disbursement this Period 350.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Wilmington State DE Zip Code 19886-5153	Purpose of Disbursement TRAVEL REIMBURSEMENT Candidate Name <input type="checkbox"/> Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	TRAVEL REIMBURSEMENT

SUBTOTAL of Disbursements This Page (optional) ▶	1600.00
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Ray LaHood

Full Name (Last, First, Middle Initial) A. Cingular Wireless		Transaction ID: 70806.E7681 Date of Disbursement 07 / 18 / 2007
Mailing Address PO Box 17356		Amount of Each Disbursement this Period 82.95
City Baltimore State MD Zip Code 21297-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PHONE SERVICE	Candidate Name	PHONE SERVICE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Cingular Wireless		Transaction ID: 71011.E7816 Date of Disbursement 08 / 30 / 2007
Mailing Address PO Box 17356		Amount of Each Disbursement this Period 760.41
City Baltimore State MD Zip Code 21297-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PHONE SERVICE	Candidate Name	PHONE SERVICE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Citizens for Leitch		Transaction ID: 71011.E7842 Date of Disbursement 09 / 12 / 2007
Mailing Address Hon David Leitch 5110 N Martha		Amount of Each Disbursement this Period 250.00
City Peoria State IL Zip Code 61614-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement EVENT TICKETS	Candidate Name	EVENT TICKETS
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) ▶	1093.36
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Ray LaHood

Full Name (Last, First, Middle Initial) A. Easter Seals Rehab Center		Transaction ID: 70806.E7705 Date of Disbursement 07 / 26 / 2007
Mailing Address 507 E Armstrong Avenue		Amount of Each Disbursement this Period 5000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Peoria State IL Zip Code 61603-	Purpose of Disbursement SPONSORSHIP 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) ▼	SPONSORSHIP

Full Name (Last, First, Middle Initial) B. Everbody Wins!		Transaction ID: 70806.E7675 Date of Disbursement 07 / 11 / 2007
Mailing Address 666 11th St NW Ste 1030		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20001-4525	Purpose of Disbursement SPONSORSHIP 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) ▼	SPONSORSHIP

Full Name (Last, First, Middle Initial) C. Friends of the Children of Haiti		Transaction ID: 70806.E7680 Date of Disbursement 07 / 18 / 2007
Mailing Address 4007 Smithville Road		Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Bartonville State IL Zip Code 61607-	Purpose of Disbursement ADVERTISING 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) ▼	ADVERTISING

SUBTOTAL of Disbursements This Page (optional) ▶	6250.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Ray LaHood

Full Name (Last, First, Middle Initial) A. Maria Garcia		Transaction ID: 70806.E7692 Date of Disbursement 07 / 18 / 2007	
Mailing Address 312 Pekin Avenue		Amount of Each Disbursement this Period 160.00	
City East Peoria State IL Zip Code 61611-	Purpose of Disbursement CLEANING SERVICES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type CLEANING SERVICES	

Full Name (Last, First, Middle Initial) B. Maria Garcia		Transaction ID: 70822.E7728 Date of Disbursement 08 / 16 / 2007	
Mailing Address 312 Pekin Avenue		Amount of Each Disbursement this Period 160.00	
City East Peoria State IL Zip Code 61611-	Purpose of Disbursement CLEANING SERVICES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type CLEANING SERVICES	

Full Name (Last, First, Middle Initial) C. Maria Garcia		Transaction ID: 71011.E7860 Date of Disbursement 09 / 20 / 2007	
Mailing Address 312 Pekin Avenue		Amount of Each Disbursement this Period 200.00	
City East Peoria State IL Zip Code 61611-	Purpose of Disbursement CLEANING SERVICES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type CLEANING SERVICES	

SUBTOTAL of Disbursements This Page (optional) ▶	520.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Ray LaHood

Full Name (Last, First, Middle Initial) A. Geier Florist		Transaction ID: 70806.E7691	
Mailing Address 2002 W Heading Avenue		Date of Disbursement MM / DD / YYYY 07 / 18 / 2007	
City West Peoria	State IL	Zip Code 61604-	Amount of Each Disbursement this Period 236.95
Purpose of Disbursement ARRANGEMENTS		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		ARRANGEMENTS
State: District:			

Full Name (Last, First, Middle Initial) B. Geier Florist		Transaction ID: 70822.E7713	
Mailing Address 2002 W Heading Avenue		Date of Disbursement MM / DD / YYYY 08 / 06 / 2007	
City West Peoria	State IL	Zip Code 61604-	Amount of Each Disbursement this Period 242.00
Purpose of Disbursement ARRANGEMENTS		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		ARRANGEMENTS
State: District:			

Full Name (Last, First, Middle Initial) C. Geier Florist		Transaction ID: 71011.E7823	
Mailing Address 2002 W Heading Avenue		Date of Disbursement MM / DD / YYYY 09 / 05 / 2007	
City West Peoria	State IL	Zip Code 61604-	Amount of Each Disbursement this Period 285.00
Purpose of Disbursement ARRANGEMENTS		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		ARRANGEMENTS
State: District:			

SUBTOTAL of Disbursements This Page (optional)	763.95
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Ray LaHood

Full Name (Last, First, Middle Initial) A. Greater Decatur Chamber of Commerce		Transaction ID: 70702.E7668 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 2 / 2 0 0 7
Mailing Address 111 E Main Street Suite 110		Amount of Each Disbursement this Period 250.00
City Decatur State IL Zip Code 62523-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MEMBERSHIP	Candidate Name	MEMBERSHIP
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Heartland Community Health Clinic		Transaction ID: 71011.E7826 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 7
Mailing Address 1701 W Garden St		Amount of Each Disbursement this Period 1000.00
City Peoria State IL Zip Code 61605-3531	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CONTRIBUTION	Candidate Name	CONTRIBUTION
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Heritage Bank Payroll		Transaction ID: 70806.E7694 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 8 / 2 0 0 7
Mailing Address 3420 W Willow Knolls Drive		Amount of Each Disbursement this Period 5108.01
City Peoria State IL Zip Code 61614-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SEE BELOW:	Candidate Name	SEE BELOW:
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) ▶	6358.01
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Ray LaHood

Full Name (Last, First, Middle Initial) A. Heritage Bank Payroll		Transaction ID: 70806.E7695 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 3 / 2 0 0 7
Mailing Address 3420 W Willow Knolls Drive		Amount of Each Disbursement this Period 946.28
City Peoria State IL Zip Code 61614-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PAYROLL TAXES	Category/ Type	[MEMO ITEM] MEMO: 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) ▼	

Full Name (Last, First, Middle Initial) B. Illinois Department of Revenue		Transaction ID: 71011.E7853 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 3 / 2 0 0 7
Mailing Address PO Box 19084		Amount of Each Disbursement this Period 357.00
City Springfield State IL Zip Code 62794-9008	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TAXES	Category/ Type	[MEMO ITEM] MEMO: 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) ▼	

Full Name (Last, First, Middle Initial) C. Joan E Perisin		Transaction ID: 70806.E7697 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 8 / 2 0 0 7
Mailing Address 808 W Northcrest Avenue		Amount of Each Disbursement this Period 1753.67
City Peoria State IL Zip Code 61614-7029	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PAYROLL	Category/ Type	[MEMO ITEM] MEMO: 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) ▼	

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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<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 Ray LaHood

Full Name (Last, First, Middle Initial) A. Sheila Sader		Transaction ID: 70806.E7696 Date of Disbursement 07 / 18 / 2007	
Mailing Address 4805 West Knoboak Drive		Amount of Each Disbursement this Period 1389.19	
City Peoria State IL Zip Code 61615-	Purpose of Disbursement PAYROLL	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PAYROLL	

Full Name (Last, First, Middle Initial) B. Rebecca Weber		Transaction ID: 70806.E7698 Date of Disbursement 07 / 18 / 2007	
Mailing Address 602 Malone Court		Amount of Each Disbursement this Period 1018.87	
City Metamora State IL Zip Code 61548-	Purpose of Disbursement PAYROLL	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PAYROLL	

Full Name (Last, First, Middle Initial) C. Heritage Bank Payroll		Transaction ID: 71011.E7851 Date of Disbursement 08 / 15 / 2007	
Mailing Address 3420 W Willow Knolls Drive		Amount of Each Disbursement this Period 5108.01	
City Peoria State IL Zip Code 61614-	Purpose of Disbursement SEE BELOW:	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SEE BELOW:	

SUBTOTAL of Disbursements This Page (optional) ▶	5108.01
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Ray LaHood

Full Name (Last, First, Middle Initial) A. Heritage Bank Payroll		Transaction ID: 71011.E7852 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 7
Mailing Address 3420 W Willow Knolls Drive		Amount of Each Disbursement this Period 946.28
City Peoria State IL Zip Code 61614-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PAYROLL TAXES	Category/ Type	[MEMO ITEM] MEMO: 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) ▼	

Full Name (Last, First, Middle Initial) B. Illinois Department of Employment Secur		Transaction ID: 71011.E7854 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 0 7
Mailing Address PO Box 19300		Amount of Each Disbursement this Period 442.21
City Springfield State IL Zip Code 62794-9300	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TAXES	Category/ Type	[MEMO ITEM] MEMO: 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) ▼	

Full Name (Last, First, Middle Initial) C. Joan E Perisin		Transaction ID: 71011.E7847 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 7
Mailing Address 808 W Northcrest Avenue		Amount of Each Disbursement this Period 1753.67
City Peoria State IL Zip Code 61614-7029	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PAYROLL	Category/ Type	[MEMO ITEM] MEMO: 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) ▼	

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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<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 Ray LaHood

Full Name (Last, First, Middle Initial) A. Sheila Sader		Transaction ID: 71011.E7849 Date of Disbursement 08 / 15 / 2007	
Mailing Address 4805 West Knoboak Drive		Amount of Each Disbursement this Period 1389.19	
City Peoria State IL Zip Code 61615-	Purpose of Disbursement PAYROLL	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PAYROLL	

Full Name (Last, First, Middle Initial) B. Rebecca Weber		Transaction ID: 71011.E7850 Date of Disbursement 08 / 15 / 2007	
Mailing Address 602 Malone Court		Amount of Each Disbursement this Period 1018.87	
City Metamora State IL Zip Code 61548-	Purpose of Disbursement PAYROLL	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PAYROLL	

Full Name (Last, First, Middle Initial) C. Heritage Bank Payroll		Transaction ID: 71011.E7843 Date of Disbursement 09 / 17 / 2007	
Mailing Address 3420 W Willow Knolls Drive		Amount of Each Disbursement this Period 5108.01	
City Peoria State IL Zip Code 61614-	Purpose of Disbursement SEE BELOW:	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SEE BELOW:	

SUBTOTAL of Disbursements This Page (optional) ▶	5108.01
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Ray LaHood

Full Name (Last, First, Middle Initial) A. Heritage Bank Payroll		Transaction ID: 71011.E7844 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 7 / 2 0 0 7
Mailing Address 3420 W Willow Knolls Drive		Amount of Each Disbursement this Period 946.28
City Peoria State IL Zip Code 61614-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TAXES Candidate Name	Category/Type	[MEMO ITEM] MEMO: TAXES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Joan E Perisin		Transaction ID: 71011.E7846 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 7 / 2 0 0 7
Mailing Address 808 W Northcrest Avenue		Amount of Each Disbursement this Period 1753.67
City Peoria State IL Zip Code 61614-7029	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PAYROLL Candidate Name	Category/Type	[MEMO ITEM] MEMO: PAYROLL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Sheila Sader		Transaction ID: 71011.E7848 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 7 / 2 0 0 7
Mailing Address 4805 West Knoboak Drive		Amount of Each Disbursement this Period 1389.19
City Peoria State IL Zip Code 61615-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PAYROLL Candidate Name	Category/Type	[MEMO ITEM] MEMO: PAYROLL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Ray LaHood

Full Name (Last, First, Middle Initial) A. Rebecca Weber		Transaction ID: 71011.E7845 Date of Disbursement 09 / 17 / 2007	
Mailing Address 602 Malone Court		Amount of Each Disbursement this Period 1018.87	
City Metamora State IL Zip Code 61548-	Purpose of Disbursement PAYROLL	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PAYROLL	

Full Name (Last, First, Middle Initial) B. Illinois Department of Revenue		Transaction ID: 71011.E7818 Date of Disbursement 08 / 30 / 2007	
Mailing Address PO Box 19084		Amount of Each Disbursement this Period 1010.00	
City Springfield State IL Zip Code 62794-9008	Purpose of Disbursement TAXES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	TAXES	

Full Name (Last, First, Middle Initial) C. Insight Communications		Transaction ID: 70806.E7688 Date of Disbursement 07 / 18 / 2007	
Mailing Address PO Box 173885		Amount of Each Disbursement this Period 58.08	
City Denver State CO Zip Code 80217-3885	Purpose of Disbursement UTILITIES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	UTILITIES	

SUBTOTAL of Disbursements This Page (optional) ▶	1068.08
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Ray LaHood

Full Name (Last, First, Middle Initial) A. Insight Communications		Transaction ID: 70822.E7709 Date of Disbursement 08 / 06 / 2007
Mailing Address PO Box 173885		Amount of Each Disbursement this Period 58.08
City Denver State CO Zip Code 80217-3885	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement UTILITIES	Category/ Type	UTILITIES
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) B. Insight Communications		Transaction ID: 71011.E7821 Date of Disbursement 09 / 05 / 2007
Mailing Address PO Box 173885		Amount of Each Disbursement this Period 58.08
City Denver State CO Zip Code 80217-3885	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement UTILITIES	Category/ Type	UTILITIES
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) C. Madison River Communications		Transaction ID: 70702.E7656 Date of Disbursement 07 / 02 / 2007
Mailing Address PO Box 1293		Amount of Each Disbursement this Period 13.95
City Bedford Park State IL Zip Code 60499-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PHONE SERVICE	Category/ Type	PHONE SERVICE
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

SUBTOTAL of Disbursements This Page (optional) ▶	130.11
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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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 Ray LaHood

Full Name (Last, First, Middle Initial) A. Madison River Communications		Transaction ID: 70705.E7673 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 3 / 2 0 0 7
Mailing Address PO Box 1293		Amount of Each Disbursement this Period 126.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Bedford Park State IL Zip Code 60499-	Category/Type	
Purpose of Disbursement PHONE SERVICE	Candidate Name	PHONE SERVICE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Madison River Communications		Transaction ID: 70822.E7710 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 6 / 2 0 0 7
Mailing Address PO Box 1293		Amount of Each Disbursement this Period 136.31 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Bedford Park State IL Zip Code 60499-	Category/Type	
Purpose of Disbursement PHONE SERVICE	Candidate Name	PHONE SERVICE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Madison River Communications		Transaction ID: 71011.E7820 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 7
Mailing Address PO Box 1293		Amount of Each Disbursement this Period 144.47 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Bedford Park State IL Zip Code 60499-	Category/Type	
Purpose of Disbursement PHONE SERVICE	Candidate Name	PHONE SERVICE
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) ▶	406.78
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Ray LaHood

Full Name (Last, First, Middle Initial) A. MBD Limited Partnership		Transaction ID: 70806.E7674 Date of Disbursement MM / DD / YYYY 07 / 11 / 2007	
Mailing Address 411 Hamilton Boulevard Ste 2000		Amount of Each Disbursement this Period 3347.57	
City Peoria State IL Zip Code 61602-	Purpose of Disbursement RENT	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	RENT	

Full Name (Last, First, Middle Initial) B. MBD Limited Partnership		Transaction ID: 70822.E7715 Date of Disbursement MM / DD / YYYY 08 / 06 / 2007	
Mailing Address 411 Hamilton Boulevard Ste 2000		Amount of Each Disbursement this Period 3347.57	
City Peoria State IL Zip Code 61602-	Purpose of Disbursement RENT	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	RENT	

Full Name (Last, First, Middle Initial) C. MBD Limited Partnership		Transaction ID: 71011.E7831 Date of Disbursement MM / DD / YYYY 09 / 12 / 2007	
Mailing Address 411 Hamilton Boulevard Ste 2000		Amount of Each Disbursement this Period 3347.57	
City Peoria State IL Zip Code 61602-	Purpose of Disbursement RENT	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	RENT	

SUBTOTAL of Disbursements This Page (optional) ▶	10042.71
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Ray LaHood

Full Name (Last, First, Middle Initial) A. MTCO Communications		Transaction ID: 70806.E7689 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 8 / 2 0 0 7
Mailing Address 220 N Menard Street		Amount of Each Disbursement this Period 79.00
City Metamora State IL Zip Code 61548-0649	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement INTERNET SERVICES	Candidate Name	INTERNET SERVICES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. MTCO Communications		Transaction ID: 70822.E7712 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 6 / 2 0 0 7
Mailing Address 220 N Menard Street		Amount of Each Disbursement this Period 79.00
City Metamora State IL Zip Code 61548-0649	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement INTERNET SERVICES	Candidate Name	INTERNET SERVICES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. MTCO Communications		Transaction ID: 71011.E7824 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 7
Mailing Address 220 N Menard Street		Amount of Each Disbursement this Period 79.00
City Metamora State IL Zip Code 61548-0649	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement INTERNET SERVICES	Candidate Name	INTERNET SERVICES
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) ▶	237.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Ray LaHood

Full Name (Last, First, Middle Initial) A. National City Visa		Transaction ID: 70806.E7685 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 8 / 2 0 0 7
Mailing Address PO Box 85440		Amount of Each Disbursement this Period 2380.07 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Louisville State KY Zip Code 40285-5440	Purpose of Disbursement SEE BELOW: Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SEE BELOW:

Full Name (Last, First, Middle Initial) B. Amoco/Peoria		Transaction ID: 70822.E7733 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address 3623 N University Street		Amount of Each Disbursement this Period 40.49 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Peoria State IL Zip Code 61614-	Purpose of Disbursement AUTO SUPPLIES Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: AUTO SUPPLIES

Full Name (Last, First, Middle Initial) C. Amoco/Peoria		Transaction ID: 70822.E7751 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 7
Mailing Address 3623 N University Street		Amount of Each Disbursement this Period 24.55 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Peoria State IL Zip Code 61614-	Purpose of Disbursement AUTO SUPPLIES Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: AUTO SUPPLIES

SUBTOTAL of Disbursements This Page (optional) ▶	2380.07
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Ray LaHood

Full Name (Last, First, Middle Initial) A. Apollo Mart/Bartonville		Transaction ID: 70822.E7743 Date of Disbursement 06 / 07 / 2007
Mailing Address Not listed		Amount of Each Disbursement this Period 30.47
City Bartonville	State IL	
Zip Code 61607-	Purpose of Disbursement AUTO SUPPLIES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: AUTO SUPPLIES
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Apollo Mart/Bartonville		Transaction ID: 70822.E7737 Date of Disbursement 06 / 03 / 2007
Mailing Address Not listed		Amount of Each Disbursement this Period 54.59
City Bartonville	State IL	
Zip Code 61607-	Purpose of Disbursement AUTO SUPPLIES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: AUTO SUPPLIES
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Apollo Mart/Bartonville		Transaction ID: 70822.E7749 Date of Disbursement 06 / 15 / 2007
Mailing Address Not listed		Amount of Each Disbursement this Period 43.25
City Bartonville	State IL	
Zip Code 61607-	Purpose of Disbursement AUTO SUPPLIES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: AUTO SUPPLIES
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Ray LaHood

Full Name (Last, First, Middle Initial) A. Apollo Mart/Bartonville		Transaction ID: 70822.E7732 Date of Disbursement 05 / 31 / 2007	
Mailing Address Not listed		Amount of Each Disbursement this Period 39.16	
City Bartonville State IL Zip Code 61607-	Purpose of Disbursement AUTO SUPPLIES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: AUTO SUPPLIES	

Full Name (Last, First, Middle Initial) B. Apollo Mart/Bartonville		Transaction ID: 70822.E7741 Date of Disbursement 06 / 05 / 2007	
Mailing Address Not listed		Amount of Each Disbursement this Period 54.29	
City Bartonville State IL Zip Code 61607-	Purpose of Disbursement AUTO SUPPLIES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: AUTO SUPPLIES	

Full Name (Last, First, Middle Initial) C. Apollo Mart/Bartonville		Transaction ID: 70822.E7746 Date of Disbursement 06 / 09 / 2007	
Mailing Address Not listed		Amount of Each Disbursement this Period 45.89	
City Bartonville State IL Zip Code 61607-	Purpose of Disbursement AUTO SUPPLIES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: AUTO SUPPLIES	

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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<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 Ray LaHood

Full Name (Last, First, Middle Initial) A. Apollo Mart/Bartonville		Transaction ID: 70822.E7735 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 7
Mailing Address Not listed		Amount of Each Disbursement this Period 57.87 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Bartonville	State IL	
Zip Code 61607-	Purpose of Disbursement AUTO SUPPLIES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: AUTO SUPPLIES
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Apollo Mart/Bartonville		Transaction ID: 70822.E7747 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 9 / 2 0 0 7
Mailing Address Not listed		Amount of Each Disbursement this Period 62.96 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Bartonville	State IL	
Zip Code 61607-	Purpose of Disbursement AUTO SUPPLIES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: AUTO SUPPLIES
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Apollo Mart/Bartonville		Transaction ID: 70822.E7759 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 4 / 2 0 0 7
Mailing Address Not listed		Amount of Each Disbursement this Period 47.47 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Bartonville	State IL	
Zip Code 61607-	Purpose of Disbursement AUTO SUPPLIES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: AUTO SUPPLIES
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	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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<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 Ray LaHood

Full Name (Last, First, Middle Initial) A. Clark Refining & Marketing/Jcksnvil		Transaction ID: 70822.E7736 Date of Disbursement 06 / 02 / 2007
Mailing Address Not Listed		Amount of Each Disbursement this Period 40.67
City Jacksonville State IL Zip Code 62650-	Purpose of Disbursement AUTO SUPPLIES Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: AUTO SUPPLIES

Full Name (Last, First, Middle Initial) B. Jills on Galena Jills on Galena		Transaction ID: 70822.E7734 Date of Disbursement 06 / 01 / 2007
Mailing Address 7327 N Galena Rd		Amount of Each Disbursement this Period 507.52
City Peoria State IL Zip Code 61615-9752	Purpose of Disbursement MEALS Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: MEALS

Full Name (Last, First, Middle Initial) C. Jims Bistro		Transaction ID: 70822.E7745 Date of Disbursement 06 / 09 / 2007
Mailing Address N Prospect Road		Amount of Each Disbursement this Period 282.07
City Peoria State IL Zip Code 61614-	Purpose of Disbursement MEALS Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: MEALS

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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<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 Ray LaHood

Full Name (Last, First, Middle Initial) A. Old Ebbitt Grill		Transaction ID: 70822.E7756 Date of Disbursement MM / DD / YYYY 06 / 19 / 2007
Mailing Address 675 15th Street NW		Amount of Each Disbursement this Period 38.34
City Washington State DC Zip Code 20005-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MEALS	Candidate Name	[MEMO ITEM] MEMO: MEALS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. The Prime Rib		Transaction ID: 70822.E7742 Date of Disbursement MM / DD / YYYY 06 / 06 / 2007
Mailing Address 2020 K Street NW		Amount of Each Disbursement this Period 414.14
City Washington State DC Zip Code 20006-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MEALS	Candidate Name	[MEMO ITEM] MEMO: MEALS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Red Carpet		Transaction ID: 70822.E7730 Date of Disbursement MM / DD / YYYY 05 / 30 / 2007
Mailing Address 711 W Glen Avenue		Amount of Each Disbursement this Period 16.00
City Peoria State IL Zip Code 61614-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement AUTO MAINTENANCE	Candidate Name	[MEMO ITEM] MEMO: AUTO MAINTENANCE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Ray LaHood

Full Name (Last, First, Middle Initial) A. Red Carpet		Transaction ID: 70822.E7744 Date of Disbursement 06 / 08 / 2007
Mailing Address 711 W Glen Avenue		Amount of Each Disbursement this Period 16.00
City Peoria State IL Zip Code 61614-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement AUTO MAINTENANCE	Candidate Name	[MEMO ITEM] MEMO: AUTO MAINTENANCE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Red Carpet		Transaction ID: 70822.E7758 Date of Disbursement 06 / 23 / 2007
Mailing Address 711 W Glen Avenue		Amount of Each Disbursement this Period 16.00
City Peoria State IL Zip Code 61614-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement AUTO MAINTENANCE	Candidate Name	[MEMO ITEM] MEMO: AUTO MAINTENANCE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. US House Member Dining Room		Transaction ID: 70822.E7760 Date of Disbursement 06 / 26 / 2007
Mailing Address H-117		Amount of Each Disbursement this Period 57.75
City Washington State DC Zip Code 20515-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MEALS	Candidate Name	[MEMO ITEM] MEMO: MEALS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Ray LaHood

Full Name (Last, First, Middle Initial) A. US House Member Dining Room		Transaction ID: 70822.E7750 Date of Disbursement 06 / 15 / 2007
Mailing Address H-117		Amount of Each Disbursement this Period 18.75
City Washington State DC Zip Code 20515-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MEALS Candidate Name	Category/Type	[MEMO ITEM] MEMO: MEALS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. National City Visa		Transaction ID: 70822.E7725 Date of Disbursement 08 / 16 / 2007
Mailing Address PO Box 85440		Amount of Each Disbursement this Period 4449.44
City Louisville State KY Zip Code 40285-5440	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SEE BELOW: Candidate Name	Category/Type	SEE BELOW:
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Amoco/Peoria		Transaction ID: 70822.E7777 Date of Disbursement 07 / 14 / 2007
Mailing Address 3623 N University Street		Amount of Each Disbursement this Period 36.88
City Peoria State IL Zip Code 61614-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement AUTO SUPPLIES Candidate Name	Category/Type	[MEMO ITEM] MEMO: AUTO SUPPLIES
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) ▶	4449.44
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Ray LaHood

Full Name (Last, First, Middle Initial) A. Apollo Mart/Bartonville		Transaction ID: 70822.E7773 Date of Disbursement 07 / 11 / 2007
Mailing Address Not listed		Amount of Each Disbursement this Period 37.49
City Bartonville State IL Zip Code 61607-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement AUTO SUPPLIES	Candidate Name	[MEMO ITEM] MEMO: AUTO SUPPLIES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Apollo Mart/Bartonville		Transaction ID: 70822.E7772 Date of Disbursement 07 / 09 / 2007
Mailing Address Not listed		Amount of Each Disbursement this Period 56.10
City Bartonville State IL Zip Code 61607-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement AUTO SUPPLIES	Candidate Name	[MEMO ITEM] MEMO: AUTO SUPPLIES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Apollo Mart/Bartonville		Transaction ID: 70822.E7767 Date of Disbursement 07 / 05 / 2007
Mailing Address Not listed		Amount of Each Disbursement this Period 40.90
City Bartonville State IL Zip Code 61607-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement AUTO SUPPLIES	Candidate Name	[MEMO ITEM] MEMO: AUTO SUPPLIES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Ray LaHood

Full Name (Last, First, Middle Initial) A. Apollo Mart/Bartonville		Transaction ID: 70822.E7795 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 8 / 2 0 0 7
Mailing Address Not listed		Amount of Each Disbursement this Period 42.44
City Bartonville	State IL	
Zip Code 61607-	Purpose of Disbursement AUTO SUPPLIES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: AUTO SUPPLIES
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Apollo Mart/Bartonville		Transaction ID: 70822.E7780 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 6 / 2 0 0 7
Mailing Address Not listed		Amount of Each Disbursement this Period 28.61
City Bartonville	State IL	
Zip Code 61607-	Purpose of Disbursement AUTO SUPPLIES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: AUTO SUPPLIES
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Apollo Mart/Bartonville		Transaction ID: 70822.E7766 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 4 / 2 0 0 7
Mailing Address Not listed		Amount of Each Disbursement this Period 29.28
City Bartonville	State IL	
Zip Code 61607-	Purpose of Disbursement AUTO SUPPLIES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: AUTO SUPPLIES
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	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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<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 Ray LaHood

Full Name (Last, First, Middle Initial) A. Apollo Mart/Bartonville		Transaction ID: 70822.E7762 Date of Disbursement 07 / 02 / 2007	
Mailing Address Not listed		Amount of Each Disbursement this Period 51.82	
City Bartonville State IL Zip Code 61607-	Purpose of Disbursement AUTO SUPPLIES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: AUTO SUPPLIES	

Full Name (Last, First, Middle Initial) B. FedEx		Transaction ID: 70822.E7776 Date of Disbursement 07 / 12 / 2007	
Mailing Address PO Box 1140		Amount of Each Disbursement this Period 27.18	
City Memphis State TN Zip Code 38101-1140	Purpose of Disbursement SHIPPING	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: SHIPPING	

Full Name (Last, First, Middle Initial) C. The Homestead Resort		Transaction ID: 70822.E7790 Date of Disbursement 07 / 23 / 2007	
Mailing Address 1766 Homestead Drive		Amount of Each Disbursement this Period 204.98	
City Hot Springs State VA Zip Code 24445-	Purpose of Disbursement LODGING	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: LODGING	

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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<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 Ray LaHood

Full Name (Last, First, Middle Initial) A. The Homestead Resort		Transaction ID: 70822.E7789 Date of Disbursement 07 / 23 / 2007
Mailing Address 1766 Homestead Drive		Amount of Each Disbursement this Period 13.42
City Hot Springs State VA Zip Code 24445-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement LODGING	Candidate Name	[MEMO ITEM] MEMO: LODGING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Jims Downtown Steakhouse		Transaction ID: 70822.E7768 Date of Disbursement 07 / 06 / 2007
Mailing Address 110 SW Jefferson		Amount of Each Disbursement this Period 425.90
City Peoria State IL Zip Code 61606-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MEALS	Candidate Name	[MEMO ITEM] MEMO: MEALS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Johnnys Half Shell		Transaction ID: 70822.E7791 Date of Disbursement 07 / 23 / 2007
Mailing Address 400 N Capitol St NW Ste 175		Amount of Each Disbursement this Period 150.95
City Washington State DC Zip Code 20001-1511	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MEALS	Candidate Name	[MEMO ITEM] MEMO: MEALS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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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 Ray LaHood

Full Name (Last, First, Middle Initial) A. National City Visa		Transaction ID: 70822.E7796 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 0 / 2 0 0 7
Mailing Address PO Box 85440		Amount of Each Disbursement this Period 48.56 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Louisville State KY Zip Code 40285-5440	Category/Type	
Purpose of Disbursement FINANCE CHARGE	Candidate Name	[MEMO ITEM] MEMO: FINANCE CHARGE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. The Prime Rib		Transaction ID: 70822.E7779 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 6 / 2 0 0 7
Mailing Address 2020 K Street NW		Amount of Each Disbursement this Period 405.12 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20006-	Category/Type	
Purpose of Disbursement CATERING	Candidate Name	[MEMO ITEM] MEMO: CATERING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Qikn EZ		Transaction ID: 70822.E7764 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 3 / 2 0 0 7
Mailing Address Not Listed		Amount of Each Disbursement this Period 26.32 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Springfield State IL Zip Code 62702-	Category/Type	
Purpose of Disbursement AUTO SUPPLIES	Candidate Name	[MEMO ITEM] MEMO: AUTO SUPPLIES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Ray LaHood

Full Name (Last, First, Middle Initial) A. Qikn EZ		Transaction ID: 70822.E7765 Date of Disbursement 07 / 03 / 2007	
Mailing Address Not Listed		Amount of Each Disbursement this Period 25.12	
City Springfield	State IL	Zip Code 62702-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: AUTO SUPPLIES
Purpose of Disbursement AUTO SUPPLIES		Category/ Type	
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) B. Qikn EZ		Transaction ID: 70822.E7794 Date of Disbursement 07 / 27 / 2007	
Mailing Address Not Listed		Amount of Each Disbursement this Period 54.68	
City Springfield	State IL	Zip Code 62702-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: AUTO SUPPLIES
Purpose of Disbursement AUTO SUPPLIES		Category/ Type	
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) C. Red Carpet		Transaction ID: 70822.E7771 Date of Disbursement 07 / 07 / 2007	
Mailing Address 711 W Glen Avenue		Amount of Each Disbursement this Period 16.95	
City Peoria	State IL	Zip Code 61614-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: AUTO MAINTENANCE
Purpose of Disbursement AUTO MAINTENANCE		Category/ Type	
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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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 Ray LaHood

Full Name (Last, First, Middle Initial) A. Red Carpet		Transaction ID: 70822.E7763 Date of Disbursement 07 / 03 / 2007
Mailing Address 711 W Glen Avenue		Amount of Each Disbursement this Period 16.95
City Peoria State IL Zip Code 61614-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement AUTO MAINTENANCE	Candidate Name	[MEMO ITEM] MEMO: AUTO MAINTENANCE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Sun Valley Company		Transaction ID: 70822.E7774 Date of Disbursement 07 / 12 / 2007
Mailing Address One Sun Valley Road		Amount of Each Disbursement this Period 342.99
City Sun Valley State ID Zip Code 83353-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement LODGING/CHARITY EVENT	Candidate Name	[MEMO ITEM] MEMO: LODGING/CHARITY EVENT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. US House Member Dining Room		Transaction ID: 70822.E7792 Date of Disbursement 07 / 24 / 2007
Mailing Address H-117		Amount of Each Disbursement this Period 84.10
City Washington State DC Zip Code 20515-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MEALS	Candidate Name	[MEMO ITEM] MEMO: MEALS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

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

FOR LINE NUMBER:
(check only one)

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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 Ray LaHood

Full Name (Last, First, Middle Initial) A. US House Member Dining Room		Transaction ID: 70822.E7781 Date of Disbursement 07 / 18 / 2007	
Mailing Address H-117		Amount of Each Disbursement this Period 79.75	
City Washington State DC Zip Code 20515-	Purpose of Disbursement MEALS 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) ▼	[MEMO ITEM] MEMO: MEALS	

Full Name (Last, First, Middle Initial) B. US House Member Dining Room		Transaction ID: 70822.E7782 Date of Disbursement 07 / 19 / 2007	
Mailing Address H-117		Amount of Each Disbursement this Period 57.75	
City Washington State DC Zip Code 20515-	Purpose of Disbursement MEALS 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) ▼	[MEMO ITEM] MEMO: MEALS	

Full Name (Last, First, Middle Initial) C. United Airlines		Transaction ID: 70822.E7769 Date of Disbursement 07 / 06 / 2007	
Mailing Address 2800 Davis Road		Amount of Each Disbursement this Period 15.00	
City Sterling State VA Zip Code 20164-	Purpose of Disbursement AIRFARE-ETICKET 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) ▼	[MEMO ITEM] MEMO: AIRFARE-ETICKET	

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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<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 Ray LaHood

Full Name (Last, First, Middle Initial) A. United Airlines		Transaction ID: 70822.E7785 Date of Disbursement 07 / 20 / 2007
Mailing Address 2800 Davis Road		Amount of Each Disbursement this Period 719.60
City Sterling State VA Zip Code 20164-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement AIRFARE Candidate Name	Category/Type	[MEMO ITEM] MEMO: AIRFARE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. United Airlines		Transaction ID: 70822.E7770 Date of Disbursement 07 / 06 / 2007
Mailing Address 2800 Davis Road		Amount of Each Disbursement this Period 283.60
City Sterling State VA Zip Code 20164-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement AIRFARE Candidate Name	Category/Type	[MEMO ITEM] MEMO: AIRFARE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. United Airlines		Transaction ID: 70822.E7784 Date of Disbursement 07 / 20 / 2007
Mailing Address 2800 Davis Road		Amount of Each Disbursement this Period 719.60
City Sterling State VA Zip Code 20164-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement AIRFARE Candidate Name	Category/Type	[MEMO ITEM] MEMO: AIRFARE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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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 Ray LaHood

Full Name (Last, First, Middle Initial) A. National City Visa		Transaction ID: 71011.E7822 Date of Disbursement MM / DD / YYYY 09 / 05 / 2007
Mailing Address PO Box 85440		Amount of Each Disbursement this Period 2473.46 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Louisville State KY Zip Code 40285-5440	Purpose of Disbursement SEE BELOW:	
Candidate Name	Category/Type	SEE BELOW:
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Amoco/Peoria		Transaction ID: 71011.E7880 Date of Disbursement MM / DD / YYYY 08 / 10 / 2007
Mailing Address 3623 N University Street		Amount of Each Disbursement this Period 18.45 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Peoria State IL Zip Code 61614-	Purpose of Disbursement AUTO SUPPLIES	
Candidate Name	Category/Type	[MEMO ITEM] MEMO: AUTO SUPPLIES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Apollo Mart/Bartonville		Transaction ID: 71011.E7883 Date of Disbursement MM / DD / YYYY 08 / 13 / 2007
Mailing Address Not listed		Amount of Each Disbursement this Period 33.61 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Bartonville State IL Zip Code 61607-	Purpose of Disbursement AUTO SUPPLIES	
Candidate Name	Category/Type	[MEMO ITEM] MEMO: AUTO SUPPLIES
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) ▶	2473.46
TOTAL This Period (last page this line number only) ▶	[Empty Box]

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Ray LaHood

Full Name (Last, First, Middle Initial) A. Apollo Mart/Bartonville		Transaction ID: 71011.E7876 Date of Disbursement 08 / 07 / 2007	
Mailing Address Not listed		Amount of Each Disbursement this Period 34.54	
City Bartonville	State IL	Zip Code 61607-	
Purpose of Disbursement AUTO SUPPLIES		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name		Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	[MEMO ITEM] MEMO: AUTO SUPPLIES		

Full Name (Last, First, Middle Initial) B. Apollo Mart/Bartonville		Transaction ID: 71011.E7872 Date of Disbursement 08 / 05 / 2007	
Mailing Address Not listed		Amount of Each Disbursement this Period 44.07	
City Bartonville	State IL	Zip Code 61607-	
Purpose of Disbursement AUTO SUPPLIES		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name		Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	[MEMO ITEM] MEMO: AUTO SUPPLIES		

Full Name (Last, First, Middle Initial) C. Apollo Mart/Bartonville		Transaction ID: 71011.E7888 Date of Disbursement 08 / 19 / 2007	
Mailing Address Not listed		Amount of Each Disbursement this Period 37.77	
City Bartonville	State IL	Zip Code 61607-	
Purpose of Disbursement AUTO SUPPLIES		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name		Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	[MEMO ITEM] MEMO: AUTO SUPPLIES		

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Ray LaHood

Full Name (Last, First, Middle Initial) A. Apollo Mart/Bartonville		Transaction ID: 71011.E7891 Date of Disbursement 08 / 28 / 2007	
Mailing Address Not listed		Amount of Each Disbursement this Period 45.43	
City Bartonville	State IL	Zip Code 61607-	
Purpose of Disbursement AUTO SUPPLIES		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name		Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	[MEMO ITEM] MEMO: AUTO SUPPLIES		

Full Name (Last, First, Middle Initial) B. Apollo Mart/Bartonville		Transaction ID: 71011.E7865 Date of Disbursement 07 / 31 / 2007	
Mailing Address Not listed		Amount of Each Disbursement this Period 32.00	
City Bartonville	State IL	Zip Code 61607-	
Purpose of Disbursement AUTO SUPPLIES		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name		Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	[MEMO ITEM] MEMO: AUTO SUPPLIES		

Full Name (Last, First, Middle Initial) C. Apollo Mart/Bartonville		Transaction ID: 71011.E7879 Date of Disbursement 08 / 09 / 2007	
Mailing Address Not listed		Amount of Each Disbursement this Period 24.06	
City Bartonville	State IL	Zip Code 61607-	
Purpose of Disbursement AUTO SUPPLIES		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name		Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	[MEMO ITEM] MEMO: AUTO SUPPLIES		

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Ray LaHood

Full Name (Last, First, Middle Initial) A. Green Chevrolet		Transaction ID: 71011.E7886 Date of Disbursement 08 / 16 / 2007	
Mailing Address 8017 N Knoxville Ave		Amount of Each Disbursement this Period 249.68	
City Peoria State IL Zip Code 61614-	Purpose of Disbursement AUTO MAINTENANCE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: AUTO MAINTENANCE	

Full Name (Last, First, Middle Initial) B. Jims Bistro		Transaction ID: 71011.E7873 Date of Disbursement 08 / 06 / 2007	
Mailing Address N Prospect Road		Amount of Each Disbursement this Period 184.34	
City Peoria State IL Zip Code 61614-	Purpose of Disbursement MEALS	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: MEALS	

Full Name (Last, First, Middle Initial) C. Johnnys Half Shell		Transaction ID: 71011.E7866 Date of Disbursement 07 / 31 / 2007	
Mailing Address 400 N Capitol St NW Ste 175		Amount of Each Disbursement this Period 1036.94	
City Washington State DC Zip Code 20001-1511	Purpose of Disbursement CATERING	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: CATERING	

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Ray LaHood

Full Name (Last, First, Middle Initial) A. Johnnys Half Shell		Transaction ID: 71011.E7877 Date of Disbursement 08 / 07 / 2007
Mailing Address 400 N Capitol St NW Ste 175		Amount of Each Disbursement this Period -170.00
City Washington State DC Zip Code 20001-1511	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CATERING CREDIT	Candidate Name	[MEMO ITEM] MEMO: CATERING CREDIT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Qikn EZ		Transaction ID: 71011.E7864 Date of Disbursement 07 / 30 / 2007
Mailing Address Not Listed		Amount of Each Disbursement this Period 40.81
City Springfield State IL Zip Code 62702-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement AUTO SUPPLIES	Candidate Name	[MEMO ITEM] MEMO: AUTO SUPPLIES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Qikn EZ		Transaction ID: 71011.E7875 Date of Disbursement 08 / 06 / 2007
Mailing Address Not Listed		Amount of Each Disbursement this Period 21.40
City Springfield State IL Zip Code 62702-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement AUTO SUPPLIES	Candidate Name	[MEMO ITEM] MEMO: AUTO SUPPLIES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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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 Ray LaHood

Full Name (Last, First, Middle Initial) A. Qikn EZ		Transaction ID: 71011.E7885 Date of Disbursement 08 / 14 / 2007	
Mailing Address Not Listed		Amount of Each Disbursement this Period 43.95	
City Springfield State IL Zip Code 62702-	Purpose of Disbursement AUTO SUPPLIES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: AUTO SUPPLIES	

Full Name (Last, First, Middle Initial) B. Red Carpet		Transaction ID: 71011.E7890 Date of Disbursement 08 / 21 / 2007	
Mailing Address 711 W Glen Avenue		Amount of Each Disbursement this Period 16.95	
City Peoria State IL Zip Code 61614-	Purpose of Disbursement AUTO MAINTENANCE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: AUTO MAINTENANCE	

Full Name (Last, First, Middle Initial) C. Shell Gas/Bartonville		Transaction ID: 71011.E7884 Date of Disbursement 08 / 14 / 2007	
Mailing Address Not Listed		Amount of Each Disbursement this Period 27.92	
City Bartonville State IL Zip Code 61607-	Purpose of Disbursement AUTO SUPPLIES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: AUTO SUPPLIES	

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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<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 Ray LaHood

Full Name (Last, First, Middle Initial) A. US House Member Dining Room		Transaction ID: 71011.E7870 Date of Disbursement 08 / 01 / 2007
Mailing Address H-117		Amount of Each Disbursement this Period 51.35
City Washington State DC Zip Code 20515-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MEALS Candidate Name	Category/Type	[MEMO ITEM] MEMO: MEALS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. US House Member Dining Room		Transaction ID: 71011.E7871 Date of Disbursement 08 / 02 / 2007
Mailing Address H-117		Amount of Each Disbursement this Period 31.45
City Washington State DC Zip Code 20515-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MEALS Candidate Name	Category/Type	[MEMO ITEM] MEMO: MEALS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. United Airlines		Transaction ID: 71011.E7869 Date of Disbursement 07 / 31 / 2007
Mailing Address 2800 Davis Road		Amount of Each Disbursement this Period 13.50
City Sterling State VA Zip Code 20164-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement AIRFARE-ETICKET Candidate Name	Category/Type	[MEMO ITEM] MEMO: AIRFARE-ETICKET
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Ray LaHood

Full Name (Last, First, Middle Initial) A. United Airlines		Transaction ID: 71011.E7887 Date of Disbursement 08 / 17 / 2007
Mailing Address 2800 Davis Road		Amount of Each Disbursement this Period 259.60
City Sterling State VA Zip Code 20164-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement AIRFARE	Candidate Name	[MEMO ITEM] MEMO: AIRFARE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. United Airlines		Transaction ID: 71011.E7868 Date of Disbursement 07 / 31 / 2007
Mailing Address 2800 Davis Road		Amount of Each Disbursement this Period 13.50
City Sterling State VA Zip Code 20164-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement AIRFARE-ETICKET	Candidate Name	[MEMO ITEM] MEMO: AIRFARE-ETICKET
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. OSF Homecare		Transaction ID: 70806.E7676 Date of Disbursement 07 / 12 / 2007
Mailing Address 2265 W Altorfer Dr		Amount of Each Disbursement this Period 400.00
City Peoria State IL Zip Code 61615-1807	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement EVENT TICKETS	Candidate Name	EVENT TICKETS
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) ▶	400.00
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Ray LaHood

Full Name (Last, First, Middle Initial) A. Peoples Party of Peoria Heights		Transaction ID: 70806.E7677 Date of Disbursement 07 / 12 / 2007
Mailing Address Not Listed		Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Peoria Heights State IL Zip Code 61616-5417	Purpose of Disbursement SPONSORSHIP Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SPONSORSHIP

Full Name (Last, First, Middle Initial) B. Peoria Co Republican Womens Club		Transaction ID: 70822.E7718 Date of Disbursement 08 / 06 / 2007
Mailing Address 8835 N. Knoxville Ave., Suite 8		Amount of Each Disbursement this Period 100.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Peoria State IL Zip Code 61615-	Purpose of Disbursement MEMBERSHIP Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	MEMBERSHIP

Full Name (Last, First, Middle Initial) C. Peoria County Republican Central Comm		Transaction ID: 71011.E7861 Date of Disbursement 09 / 20 / 2007
Mailing Address 8835 N. Knoxville Ave., Suite 8		Amount of Each Disbursement this Period 3500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Peoria State IL Zip Code 61615-	Purpose of Disbursement SPONSORSHIP Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SPONSORSHIP

SUBTOTAL of Disbursements This Page (optional) ▶	3850.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Ray LaHood

Full Name (Last, First, Middle Initial) A. Joan E Perisin		Transaction ID: 70702.E7664 Date of Disbursement 07 / 02 / 2007	
Mailing Address 808 W Northcrest Avenue		Amount of Each Disbursement this Period 50.00	
City Peoria State IL Zip Code 61614-7029	Purpose of Disbursement SEE 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) ▼ Category/Type		
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		SEE BELOW:	

Full Name (Last, First, Middle Initial) B. Joan E Perisin		Transaction ID: 70806.E7699 Date of Disbursement 07 / 25 / 2007	
Mailing Address 808 W Northcrest Avenue		Amount of Each Disbursement this Period 250.62	
City Peoria State IL Zip Code 61614-7029	Purpose of Disbursement SEE 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) ▼ Category/Type		
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		SEE BELOW:	

Full Name (Last, First, Middle Initial) C. Cingular Wireless		Transaction ID: 70806.E7700 Date of Disbursement 07 / 25 / 2007	
Mailing Address PO Box 17356		Amount of Each Disbursement this Period 161.62	
City Baltimore State MD Zip Code 21297-	Purpose of Disbursement PHONE SERVICE		
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type		
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		[MEMO ITEM] MEMO: PHONE SERVICE	

SUBTOTAL of Disbursements This Page (optional) ▶	300.62
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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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 Ray LaHood

Full Name (Last, First, Middle Initial) A. Sheila Sader		Transaction ID: 70702.E7653 Date of Disbursement 07 / 02 / 2007
Mailing Address 4805 West Knoboak Drive		Amount of Each Disbursement this Period 295.04
City Peoria State IL Zip Code 61615-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SEE BELOW: Candidate Name	Category/Type	SEE BELOW:
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Sams Club		Transaction ID: 70702.E7654 Date of Disbursement 06 / 27 / 2007
Mailing Address PO Box 9918 Dept W9		Amount of Each Disbursement this Period 282.08
City Macon State GA Zip Code 31297-9918	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PARADE SUPPLIES Candidate Name	Category/Type	[MEMO ITEM] MEMO: PARADE SUPPLIES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Sams Club		Transaction ID: 70806.E7706 Date of Disbursement 07 / 26 / 2007
Mailing Address PO Box 9918 Dept W9		Amount of Each Disbursement this Period 303.98
City Macon State GA Zip Code 31297-9918	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PARADE SUPPLIES Candidate Name	Category/Type	PARADE SUPPLIES
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) ▶	599.02
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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<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 Ray LaHood

Full Name (Last, First, Middle Initial) A. Sangamon County Republican Central Comm		Transaction ID: 71011.E7862 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 7
Mailing Address 412 E Lawrence Avenue		Amount of Each Disbursement this Period 2500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Springfield State IL Zip Code 62703-	Purpose of Disbursement SPONSORSHIP 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) ▼	SPONSORSHIP

Full Name (Last, First, Middle Initial) B. St Vincent de Paul		Transaction ID: 70822.E7720 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 2 / 2 0 0 7
Mailing Address 6001 N University St		Amount of Each Disbursement this Period 300.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Peoria State IL Zip Code 61614-4164	Purpose of Disbursement SPONSORSHIP 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) ▼	SPONSORSHIP

Full Name (Last, First, Middle Initial) C. Staples		Transaction ID: 70702.E7662 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 2 / 2 0 0 7
Mailing Address Dept.00-02118255 PO Box 6721		Amount of Each Disbursement this Period 174.35 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City The Lakes State NV Zip Code 88901-6721	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	OFFICE SUPPLIES

SUBTOTAL of Disbursements This Page (optional) ▶	2974.35
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Ray LaHood

Full Name (Last, First, Middle Initial) A. Staples		Transaction ID: 71011.E7894 Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2007
Mailing Address Dept.00-02118255 PO Box 6721		Amount of Each Disbursement this Period 10.55
City The Lakes State NV Zip Code 88901-6721	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement OFFICE SUPPLIES Candidate Name	Category/Type	OFFICE SUPPLIES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. State Farm Insurance		Transaction ID: 70806.E7687 Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2007
Mailing Address 618 N Sterling		Amount of Each Disbursement this Period 572.24
City Peoria State IL Zip Code 61604-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement AUTO INSURANCE Candidate Name	Category/Type	AUTO INSURANCE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Tim Ardis Foundation for Hope		Transaction ID: 71011.E7817 Date of Disbursement M M / D D / Y Y Y Y 08 / 30 / 2007
Mailing Address 2130 N Knoxville Avenue		Amount of Each Disbursement this Period 700.00
City Peoria State IL Zip Code 61603-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SPONSORSHIP Candidate Name	Category/Type	SPONSORSHIP
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) ▶	1282.79
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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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 Ray LaHood

Full Name (Last, First, Middle Initial) A. Tim Ardis Foundation for Hope		Transaction ID: 71011.E7819 Date of Disbursement 08 / 31 / 2007
Mailing Address 2130 N Knoxville Avenue		Amount of Each Disbursement this Period 175.00
City Peoria State IL Zip Code 61603-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TICKETS	Category/ Type	TICKETS
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Verizon Wireless		Transaction ID: 70806.E7686 Date of Disbursement 07 / 18 / 2007
Mailing Address 815 W Pioneer Parkway		Amount of Each Disbursement this Period 93.69
City Peoria State IL Zip Code 61615-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PHONE SERVICE	Category/ Type	PHONE SERVICE
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Verizon Wireless		Transaction ID: 70822.E7711 Date of Disbursement 08 / 06 / 2007
Mailing Address 815 W Pioneer Parkway		Amount of Each Disbursement this Period 88.25
City Peoria State IL Zip Code 61615-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PHONE SERVICE	Category/ Type	PHONE SERVICE
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	356.94
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Ray LaHood

Full Name (Last, First, Middle Initial) A. Verizon Wireless		Transaction ID: 71011.E7835 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 7
Mailing Address 815 W Pioneer Parkway		Amount of Each Disbursement this Period 248.91
City Peoria State IL Zip Code 61615-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PHONE SERVICE	Category/ Type	PHONE SERVICE
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Victory Enterprises		Transaction ID: 70806.E7683 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 8 / 2 0 0 7
Mailing Address 5200 SW 30th St Suite 7		Amount of Each Disbursement this Period 2500.00
City Davenport State IA Zip Code 52802-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CONSULTING	Category/ Type	CONSULTING
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Victory Enterprises		Transaction ID: 70806.E7693 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 3 / 2 0 0 7
Mailing Address 5200 SW 30th St Suite 7		Amount of Each Disbursement this Period 18.00
City Davenport State IA Zip Code 52802-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PROCESSING FEE	Category/ Type	PROCESSING FEE
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	2766.91
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Ray LaHood

Full Name (Last, First, Middle Initial) A. Victory Enterprises		Transaction ID: 70822.E7723 Date of Disbursement 08 / 15 / 2007
Mailing Address 5200 SW 30th St Suite 7		Amount of Each Disbursement this Period 2500.00
City Davenport State IA Zip Code 52802-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CONSULTING	Candidate Name	CONSULTING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Woodford County Republican Central Comm		Transaction ID: 70822.E7724 Date of Disbursement 08 / 15 / 2007
Mailing Address 1356 Douglas Road		Amount of Each Disbursement this Period 100.00
City Metamora State IL Zip Code 61548-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TICKETS	Candidate Name	TICKETS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Youth Farm		Transaction ID: 71011.E7825 Date of Disbursement 09 / 05 / 2007
Mailing Address 7225 W Plank Rd		Amount of Each Disbursement this Period 500.00
City Peoria State IL Zip Code 61604-5252	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SPONSORSHIP	Candidate Name	SPONSORSHIP
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) ▶	3100.00
TOTAL This Period (last page this line number only) ▶	72641.89

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Ray LaHood

Full Name (Last, First, Middle Initial) A. Committe to Elect McHugh		Transaction ID: 71011.E7857 Date of Disbursement 09 / 20 / 2007
Mailing Address 228 S Washington St Ste B20 Suite B-20		Amount of Each Disbursement this Period 2000.00
City Alexandria State VA Zip Code 22314-5402	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CONTRIBUTION Candidate Name JOHN M MCHUGH Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23		Category/Type
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Duncan D Hunter for Congress		Transaction ID: 71011.E7858 Date of Disbursement 09 / 20 / 2007
Mailing Address 9568 Leyendekker Ct		Amount of Each Disbursement this Period 1000.00
City Lakeside State CA Zip Code 92040-4586	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CONTRIBUTION Candidate Name DUNCAN HUNTER Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 52		Category/Type
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Friends of Tim Johnson		Transaction ID: 71011.E7803 Date of Disbursement 08 / 30 / 2007
Mailing Address PO Box 17097		Amount of Each Disbursement this Period 2000.00
City Urbana State IL Zip Code 61803-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CONTRIBUTION Candidate Name TIM JOHNSON Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 15		Category/Type
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	5000.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Ray LaHood

Full Name (Last, First, Middle Initial) A. Gilchrest for Congress		Transaction ID: 71011.E7856 Date of Disbursement 09 / 20 / 2007
Mailing Address PO Box 644		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Chestertown	State MD	
Zip Code 21620-0644		
Purpose of Disbursement CONTRIBUTION Candidate Name WAYNE T GILCHREST Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 01		
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Jim McConoughey for Congress		Transaction ID: 71011.E7892 Date of Disbursement 09 / 21 / 2007
Mailing Address PO Box 257		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Peoria	State IL	
Zip Code 61650-0257		
Purpose of Disbursement CONTRIBUTION Candidate Name JIM MCCONOUGHHEY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 18		
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. John Morris for Congress		Transaction ID: 71011.E7833 Date of Disbursement 09 / 12 / 2007
Mailing Address PO Box 3853		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Peoria	State IL	
Zip Code 61612-3853		
Purpose of Disbursement CONTRIBUTION Candidate Name JOHN DAVID MORRIS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 18		
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	5000.00
TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Ray LaHood

Full Name (Last, First, Middle Initial) A. Judy Biggert for Congress		Transaction ID: 71011.E7810 Date of Disbursement 08 / 30 / 2007
Mailing Address PO Box 637		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Hinsdale State IL Zip Code 60522-	<input type="checkbox"/> Category/Type	
Purpose of Disbursement CONTRIBUTION		
Candidate Name JUDY BIGGERT		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 13	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Manzullo for Congress		Transaction ID: 71011.E7809 Date of Disbursement 08 / 30 / 2007
Mailing Address PO Box 7783		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Rockford State IL Zip Code 61126-	<input type="checkbox"/> Category/Type	
Purpose of Disbursement CONTRIBUTION		
Candidate Name DONALD A. MANZULLO		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 16	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Mark Kirk for Congress		Transaction ID: 71011.E7808 Date of Disbursement 08 / 30 / 2007
Mailing Address PO Box 8		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Winnetka State IL Zip Code 60093-	<input type="checkbox"/> Category/Type	
Purpose of Disbursement CONTRIBUTION		
Candidate Name MARK STEVEN KIRK		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 10	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	6000.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Ray LaHood

Full Name (Last, First, Middle Initial) A. National Republican Congressional Comm		Transaction ID: 71011.E7830 Date of Disbursement 09 / 08 / 2007
Mailing Address 320 First Street SE		Amount of Each Disbursement this Period 50000.00
City Washington State DC Zip Code 20003-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TRANSFER EXCESS CAMPAIGN FUNDS		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. People with Hart		Transaction ID: 70822.E7721 Date of Disbursement 08 / 12 / 2007
Mailing Address PO Box 435		Amount of Each Disbursement this Period 2000.00
City Wexford State PA Zip Code 15090-0435	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CONTRIBUTION		Category/ Type
Candidate Name MELISSA A HART		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA District: 04		

Full Name (Last, First, Middle Initial) C. Pete King for Congress		Transaction ID: 71011.E7893 Date of Disbursement 09 / 26 / 2007
Mailing Address 94 Michigan Ave		Amount of Each Disbursement this Period 2000.00
City Massapequa State NY Zip Code 11758-4932	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CONTRIBUTION		Category/ Type
Candidate Name PETER T KING		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY District: 03		

SUBTOTAL of Disbursements This Page (optional) ▶	54000.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Ray LaHood

Full Name (Last, First, Middle Initial) A. Roskam for Congress		Transaction ID: 71011.E7811 Date of Disbursement 08 / 30 / 2007
Mailing Address 423 W Wesley Street		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Wheaton State IL Zip Code 60187-	<input type="checkbox"/>	
Purpose of Disbursement CONTRIBUTION Candidate Name PETER ROSKAM Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 06	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type	Category/Type	

Full Name (Last, First, Middle Initial) B. Volunteers for Shimkus		Transaction ID: 71011.E7812 Date of Disbursement 08 / 30 / 2007
Mailing Address PO Box 5458		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Springfield State IL Zip Code 62705-	<input type="checkbox"/>	
Purpose of Disbursement CONTRIBUTION Candidate Name JOHN M SHIMKUS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 19	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type	Category/Type	

Full Name (Last, First, Middle Initial) C. Walsh for Congress		Transaction ID: 71011.E7802 Date of Disbursement 08 / 30 / 2007
Mailing Address PO Box 1974		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Syracuse State NY Zip Code 13201-1974	<input type="checkbox"/>	
Purpose of Disbursement CONTRIBUTION Candidate Name JAMES T WALSH Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 25	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type	Category/Type	

SUBTOTAL of Disbursements This Page (optional) ▶	6000.00
TOTAL This Period (last page this line number only) ▶	76000.00

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Ray LaHood

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

Mailing Address 4970 N Grandview Drive

City Peoria Heights State IL Zip Code 61616-

Purpose of Disbursement Refund of Contribution Refund

Candidate Name

Office Sought: House Senate President

Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

Transaction ID: 71011.E7815
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

Category/
Type

B. Full Name (Last, First, Middle Initial)
Lee Graves

Mailing Address 211 W Northgate Road

City Peoria State IL Zip Code 61614-

Purpose of Disbursement Refund of Contribution Refund

Candidate Name

Office Sought: House Senate President

Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

Transaction ID: 71011.E7813
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

Category/
Type

SUBTOTAL of Disbursements This Page (optional) ►

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

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

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

FOR LINE NUMBER:
(check only one)

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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 Ray LaHood

Full Name (Last, First, Middle Initial) A. Minn-Dak Farmers Cooperative PAC		Transaction ID: 71011.E7814 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 7	
Mailing Address Minn-Dak Farmers Cooperative PAC 7525 Red River Road		Amount of Each Disbursement this Period 1000.00	
City Wahpeton	State ND	Zip Code 58075-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Refund of Contribution Refund		Category/ Type 010	
Candidate Name		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

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