

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

CITIZENS FOR RUSH

Report Covering the Period: From:

M	M
0	3

D	D
0	2

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	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)).....	101825.00	370237.19
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	101825.00	370237.19
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	199714.95	339035.71
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	199714.95	339035.71
8. Cash on Hand at Close of Reporting Period (from Line 27).....	37280.40	
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).....	35494.94	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name
CITIZENS FOR RUSH

Report Covering the Period: From:

M	M
0	3

D	D
0	2

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than
Political Committees

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

25450.00

124500.00

(ii) Unitemized.....

1175.00

6800.00

(iii) TOTAL of contributions

26625.00

131300.00

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

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

75200.00

238937.19

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS
(other than loans)

101825.00

370237.19

(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

0.00

0.00

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

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

0.00

0.00

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

0.00

0.00

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

101825.00

370237.19

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	199714.95	339035.71
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	8000.00	157482.72
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	207714.95	496518.43

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	143170.35
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	101825.00
25. SUBTOTAL (add Line 23 and Line 24).....	244995.35
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	207714.95
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	37280.40

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

A. Full Name (Last, First, Middle Initial)
535 N. Michigan Venture

Mailing Address 535 N. Michigan Avenue

City State Zip Code
Chicago IL 60611

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
600.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 17 / 2006

Transaction ID: SA11A1.11191

Amount of Each Receipt this Period
600.00

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

B. Full Name (Last, First, Middle Initial)
Mark R. Alden

Mailing Address 1823 Princess Circle

City State Zip Code
Naperville IL 60564

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

Name of Employer Occupation
Exelon Vice President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 16 / 2006

Transaction ID: SA11A1.11160

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Ray Anderson, Jr.

Mailing Address 2010 Lansdowne Way

City State Zip Code
Silver Spring MD 20970

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

Name of Employer Occupation
Chicago Public Schools Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 15 / 2006

Transaction ID: SA11A1.11118

Amount of Each Receipt this Period
500.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

A. Full Name (Last, First, Middle Initial)
J. Tyler Anthony

Mailing Address 3N989 Walt Whitman Road

City State Zip Code
St. Charles IL 60175

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

Name of Employer Requested Occupation Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 09 / 2006

Transaction ID: SA11A1.11070

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Phyllis Batson

Mailing Address P.O. Box 2168

City State Zip Code
Columbus OH 43216-2168

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

Name of Employer Best Efforts Occupation Best Efforts

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 20 / 2006

Transaction ID: SA11A1.11799

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Paul R. Bonney

Mailing Address 409 Holly Lane

City State Zip Code
Wynnewood PA 19096

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

Name of Employer Exelon Corp. Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 09 / 2006

Transaction ID: SA11A1.11038

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **2000.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

A. Full Name (Last, First, Middle Initial)
Frank Clark

Mailing Address 1804 Harvard Road

City State Zip Code
Flossmoor IL 60422

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

Name of Employer Requested Occupation Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 09 / 2006

Transaction ID: SA11A1.11031

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Christopher M. Crane

Mailing Address 2504 Dunham Woods Ct.

City State Zip Code
St. Charles IL 60174

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

Name of Employer Requested Occupation Requested
Exelon Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 09 / 2006

Transaction ID: SA11A1.11024

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Anthony L. Davis

Mailing Address 4408 N. Magnoliz 621

City State Zip Code
Chicago IL 60640

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

Name of Employer Requested Occupation Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 17 / 2006

Transaction ID: SA11A1.11192

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

A. Full Name (Last, First, Middle Initial)
Ruth Ann M. Gillis

Mailing Address 2614 W. Logan Blvd.

City State Zip Code
Chicago IL 60647

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

Name of Employer Exelon Occupation Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
03 / 09 / 2006

Transaction ID: SA11A1.11026

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Bryan Hanson

Mailing Address 44 Lily Pond Lane

City State Zip Code
Chester Springs PA 19425

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

Name of Employer Exelon, Corp. Occupation Vice President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
03 / 09 / 2006

Transaction ID: SA11A1.11068

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
A. Karen Hill

Mailing Address 3317 Brooklawn Ter

City State Zip Code
Chevy Chase MD 20815

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

Name of Employer Exelon Occupation Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
03 / 16 / 2006

Transaction ID: SA11A1.11163

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional)	▶	2000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. John T. Hooker		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2006
Mailing Address 1306 S. Plymouth Ct.		Transaction ID: SA11A1.11028
City State Zip Code Chicago IL 60605	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Commonwealth Edison	Occupation Vice President	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. John T. Hooker		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2006
Mailing Address 1306 S. Plymouth Ct.		Transaction ID: SA11A1.11222
City State Zip Code Chicago IL 60605	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Commonwealth Edison	Occupation Vice President	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) C. Susan O. Ivey		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2006
Mailing Address 204 Sandy Flash Dr.		Transaction ID: SA11A1.11042
City State Zip Code Kennett Sq. PA 19348	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Exelon Corp	Occupation Vice President	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	_____

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. Lisa Kountoupes		Date of Receipt M M / D D / Y Y Y Y 03 / 18 / 2006	
Mailing Address 2016 Rhode Island Ave.		Transaction ID: SA11A1.11200	
City State Zip Code McLean VA 22101		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Clark & Weinstock Executive			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Kenneth W. Mason		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2006	
Mailing Address 400 East Randolph Unit 3203		Transaction ID: SA11A1.11055	
City State Zip Code Chicago IL 60601		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Requested Requested			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Ian P McLean		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2006	
Mailing Address 141 Center MM Road		Transaction ID: SA11A1.11033	
City State Zip Code Chadds Ford PA 19317		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Exelon Corp Executive Vice President			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	2000.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. Randy Mehrberg		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2006	
Mailing Address 2100 Lincoln Park West Apt 8BS		Transaction ID: SA11A1.11167	
City Chicago	State IL	Amount of Each Receipt this Period 1000.00	
Zip Code 60614		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer Exelon	Occupation Executive		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Michael R. Metzner		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2006	
Mailing Address 1118 Sheridan Dr.		Transaction ID: SA11A1.11049	
City Evanston	State IL	Amount of Each Receipt this Period 500.00	
Zip Code 60202-1442		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer Exelon Corp	Occupation V.P. & Treasurer		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. J. Barry Mitdhell		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2006	
Mailing Address 2936 W. Wilson		Transaction ID: SA11A1.11022	
City Chicago	State IL	Amount of Each Receipt this Period 1000.00	
Zip Code 60625		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer Requested	Occupation Requested		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ▶	2500.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. Elizabeth Anne Moler		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2006	
Mailing Address 1537 Forest Lane		Transaction ID: SA11A1.11029	
City State Zip Code Mc Lean VA 22101-3317	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Requested Occupation Requested	Election Cycle-to-Date 1000.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Pugh, Jones, Johnson & Quandt, P.C.		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2006	
Mailing Address 180 N. LaSalle Street Ste 3400		Transaction ID: SA11A1.11061	
City State Zip Code Chicago IL 60601	Amount of Each Receipt this Period 350.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation	Election Cycle-to-Date 350.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Bruce Renwick		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2006	
Mailing Address 1508 W. Acres Road		Transaction ID: SA11A1.11051	
City State Zip Code Joliet IL 60435	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Exelon, Corp Occupation Executive	Election Cycle-to-Date 500.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	1850.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

A. Full Name (Last, First, Middle Initial)
Mary F. Rooney

Mailing Address 1500 Sheridan Road

City State Zip Code
Wilmette IL 60091

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

Name of Employer Occupation
Exelon Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
03 / 16 / 2006

Transaction ID: SA11A1.11165

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Alan J. Roth

Mailing Address 1845 Vernon St., N.W.

City State Zip Code
Washington DC 20009

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

Name of Employer Occupation
Lent Scrivner & Roth, LLC Consultant

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
03 / 15 / 2006

Transaction ID: SA11A1.11120

Amount of Each Receipt this Period
500.00

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

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

Mailing Address Post Office Box 805398

City State Zip Code
Chicago IL 60680-5398

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

Name of Employer Occupation Requested
Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
03 / 09 / 2006

Transaction ID: SA11A1.11020

Amount of Each Receipt this Period
2000.00

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

SUBTOTAL of Receipts This Page (optional)	3500.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

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

Mailing Address 1133 Connecticut Ave., N.W.
Suite 300

City Washington State DC Zip Code 20036

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

Name of Employer Ryan, Phillips, Utrecht & MacKinnon Occupation Partner, Attorney at Law

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

1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 15 / 2006

Transaction ID: SA11A1.11121

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Avis LaVelle Sampson

Mailing Address 5337 S. Drexel Ave.

City Chicago State IL Zip Code 60615

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

Name of Employer Univ. of Chicago Hospitals Occupation Vice President of Govt/Public Affairs

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

500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 09 / 2006

Transaction ID: SA11A1.11046

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Michael Sutton

Mailing Address 1839 Ashland Ave.

City Evanston State IL Zip Code 60201

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

Name of Employer REQUESTED Occupation REQUESTED

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

2000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 09 / 2006

Transaction ID: SA11A1.11018

Amount of Each Receipt this Period
2000.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **3500.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

A. Full Name (Last, First, Middle Initial)
David S. Thompson

Mailing Address 2400 S. Culpeper St.

City Arlington State VA Zip Code 22206

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

Name of Employer The Capital Hill Consulting Gr
Occupation Senior Vice President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 15 / 2006

Transaction ID: SA11A1.11122

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Wade Enterprise

Mailing Address 8550 S. Stony Island Ave.

City Chicago State IL Zip Code 60617

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

Name of Employer
Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 17 / 2006

Transaction ID: SA11A1.11177

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Charles Walls

Mailing Address 9740 S. Peoria

City Chicago State IL Zip Code 60643

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

Name of Employer Exelon Corp
Occupation Accountant

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 09 / 2006

Transaction ID: SA11A1.11057

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► 1250.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 16 / 82
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

A. Full Name (Last, First, Middle Initial)
Paul L. Williams

Mailing Address 9346 S. Longwood

City	State	Zip Code
Chicago	IL	60620

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

Name of Employer Self	Occupation Attorney at Law
--------------------------	-------------------------------

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

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

Transaction ID: SA11A1.11221

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	25450.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 82
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. ABBOTT LABORATORIES EMPLOYEE POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2006
Mailing Address 100 Abbott Park Rd. D312 AP6D		Transaction ID: SA11C.11223
City State Zip Code Abbott Park IL 60064	FEC ID number of contributing federal political committee. C C00040279	Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4000.00	

Full Name (Last, First, Middle Initial) B. AFLAC INCORPORATED POLITICAL ACTION COMMITTEE AFLAC PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2006
Mailing Address WORLDWIDE HEADQUARTERS		Transaction ID: SA11C.11126
City State Zip Code COLUMBUS GA 31999	FEC ID number of contributing federal political committee. C C00034157	Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. AIR LINE PILOTS ASSOCIATION PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006
Mailing Address 1625 Massachusetts Ave. NW 8th Floor		Transaction ID: SA11C.11454
City State Zip Code Washington DC 20036	FEC ID number of contributing federal political committee. C C00035451	Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

SUBTOTAL of Receipts This Page (optional)	4500.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 18 / 82
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. ALCATEL USA INC POLITICAL ACTION COMMITTEE		Date of Receipt MM / DD / YYYY 03 / 09 / 2006
Mailing Address 3400 WEST PLANO PARKWAY M/S 009		Transaction ID: SA11C.11065
City PLANO	State TX	Zip Code 75075
FEC ID number of contributing federal political committee. C C00215277		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. AMERICAN BANKERS ASSOCIATION BANKPAC		Date of Receipt MM / DD / YYYY 03 / 13 / 2006
Mailing Address 1120 CONN. AVE., NW SUITE 851		Transaction ID: SA11C.11125
City WASHINGTON	State DC	Zip Code 20036
FEC ID number of contributing federal political committee. C C00004275		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. AMERICAN GAS ASSOCIATION POLITICAL ACTION COMMITTEE; THE (GASPAC)		Date of Receipt MM / DD / YYYY 03 / 16 / 2006
Mailing Address 400 N. Capitol St. N.W.		Transaction ID: SA11C.11155
City Washington	State DC	Zip Code 20001
FEC ID number of contributing federal political committee. C C00007450		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 82
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. AMERICAN SOCIETY OF ANESTHESIOLOGISTS INCORPORATED POLITICAL ACTION COMMITTEE		Date of Receipt																				
Mailing Address 520 N. NORTHWEST HIGHWAY		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	5		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		1	5		2	0	0	6													
City State Zip Code PARK RIDGE IL 60068		Transaction ID: SA11C.11127																				
FEC ID number of contributing federal political committee. C C00255752		Amount of Each Receipt this Period 2000.00																				
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)																				
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4000.00																					

Full Name (Last, First, Middle Initial) B. ASSOCIATION OF PROFESSIONAL FLIGHT ATTENDANTS (APFA PAC) POLITICAL ACTION COMMITTEE		Date of Receipt																				
Mailing Address 1004 W EULESS BLVD		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		1	1		2	0	0	6													
City State Zip Code EULESS TX 76040		Transaction ID: SA11C.11100																				
FEC ID number of contributing federal political committee. C C00246421		Amount of Each Receipt this Period 200.00																				
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)																				
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 200.00																					

Full Name (Last, First, Middle Initial) C. BELLSOUTH CORPORATION EMPLOYEES' FEDERAL POLITICAL ACTION COMMITTEE		Date of Receipt																				
Mailing Address 1155 PEACHTREE ST NE SUITE 1925		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	0		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		2	0		2	0	0	6													
City State Zip Code ATLANTA GA 30309		Transaction ID: SA11C.11224																				
FEC ID number of contributing federal political committee. C C00174060		Amount of Each Receipt this Period 1000.00																				
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)																				
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00																					

SUBTOTAL of Receipts This Page (optional)	3200.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 20 / 82
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

A. Full Name (Last, First, Middle Initial)
BIOTECHNOLOGY INDUSTRY ORGANIZATION PAC (BIO PAC)

Mailing Address 1225 EYE STREET N.W.
SUITE 400

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00355677

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 15 / 2006

Transaction ID: SA11C.11128

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Boilermakers-Blacksmiths Legislative Education Campaign Assistance Fund (LEAP)

Mailing Address 2722 Merrilee Drive

City Fairfax State VA Zip Code 22031

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 11 / 2006

Transaction ID: SA11C.11102

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
CAREMARK RX INC EMPLOYEES POLITICAL ACTION COMMITTEE

Mailing Address 2211 Sanders Road

City Northbrook State IL Zip Code 60062

FEC ID number of contributing federal political committee. **C** C00384818

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: SA11C.11234

Amount of Each Receipt this Period
1000.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 82
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. CINGULAR WIRELESS LLC EMPLOYEE PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 11 / 2006	
Mailing Address 5565 GLENRIDGE CONNECTOR SUITE 1700		Transaction ID: SA11C.11092	
City ATLANTA State GA Zip Code 30342		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00368811		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. CLEAR CHANNEL COMMUNICATIONS INC. POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2006	
Mailing Address 200 E. Basse Road		Transaction ID: SA11C.11129	
City San Antonio State TX Zip Code 78209		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00279216		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 4000.00	

Full Name (Last, First, Middle Initial) C. COMCAST CORP. POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2006	
Mailing Address 1500 Market Street 35th Floor		Transaction ID: SA11C.11559	
City Philadelphia State PA Zip Code 19102		Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C C00248716		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 6000.00	

SUBTOTAL of Receipts This Page (optional) ▶	4000.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 82
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. COMCAST CORP. POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2006
Mailing Address 1500 Market Street 35th Floor		Transaction ID: SA11C.11560
City Philadelphia State PA Zip Code 19102	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C C00248716		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 6500.00	

Full Name (Last, First, Middle Initial) B. CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 03 / 17 / 2006
Mailing Address 501 THIRD STREET NW		Transaction ID: SA11C.11174
City WASHINGTON State DC Zip Code 20001	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C C00002089		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) C. DAIMLERCHRYSLER CORP POL SUPPORT CMTE A/K/A DAIMLERCHRYSLER POL SUPPORT COM		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2006
Mailing Address 1000 CHRYSLER DRIVE		Transaction ID: SA11C.10962
City AUBURN HILLS State MI Zip Code 48326	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00043687		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	4000.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 82
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. Drive Political Fund		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2006	
Mailing Address 25 Louisanna Avenue.,N.W.		Transaction ID: SA11C.11067	
City State Zip Code Washington DC 20001	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. C C00032979		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) B. DTE ENERGY COMPANY POLITICAL ACTION COMMITTEE-FEDERAL 'EDPAC' FKA DETROIT EDISON		Date of Receipt M M / D D / Y Y Y Y 03 / 18 / 2006	
Mailing Address 2000 SECOND AVENUE-ROOM 1069 WCB		Transaction ID: SA11C.11202	
City State Zip Code DETROIT MI 48226	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C C00081547		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) C. EDISON INTERNATIONAL PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 11 / 2006	
Mailing Address 520 S GRAND AVENUE SUITE 700		Transaction ID: SA11C.11099	
City State Zip Code LOS ANGELES CA 90071	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C C00019653		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ▶	4500.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 24 / 82
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

A. Full Name (Last, First, Middle Initial)
EXELON CORPORATION POLITICAL ACTION COMMITTEE (EXELONPAC)

Mailing Address 1 FINANCIAL PLACE
440 S. LASALLE ST. 33RD FLOOR

City State Zip Code
CHICAGO IL 60605

FEC ID number of contributing federal political committee. **C** C00141218

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 28 / 2006

Transaction ID: SA11C.11228

Amount of Each Receipt this Period
5000.00

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

B. Full Name (Last, First, Middle Initial)
FORD MOTOR COMPANY CIVIC ACTION FUND

Mailing Address % COMERICA BANK PAC SERVICES
MC 2250

City State Zip Code
DETROIT MI 48275

FEC ID number of contributing federal political committee. **C** C00046474

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 13 / 2006

Transaction ID: SA11C.11112

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
GENERAL MOTORS CORPORATION POLITICAL ACTION COMMITTEE (GM PAC)

Mailing Address P.O. BOX 75000
PAC SERVICES MC 2250

City State Zip Code
DETROIT MI 48275

FEC ID number of contributing federal political committee. **C** C00076810

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 22 / 2006

Transaction ID: SA11C.11226

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	7000.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 25 / 82
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. HOLLAND & KNIGHT COMMITTEE FOR EFFECTIVE GOVERNMENT		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2006
Mailing Address 2099 Pennsylvania Avenue N.W.		Transaction ID: SA11C.11131
City Washington State DC Zip Code 20006	FEC ID number of contributing federal political committee. C C00171330	Amount of Each Receipt this Period 1000.00
Name of Employer Occupation	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. HUMAN RIGHTS CAMPAIGN FUND POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 03 / 11 / 2006
Mailing Address 919 18TH NW STE 800		Transaction ID: SA11C.11093
City WASHINGTON State DC Zip Code 20005	FEC ID number of contributing federal political committee. C C00235853	Amount of Each Receipt this Period 1000.00
Name of Employer Occupation	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. ILLINOIS POLITICAL ACTIVE LETTER CARRIERS		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2006
Mailing Address PO BOX 561 4820 22ND AVENUE		Transaction ID: SA11C.11063
City ORLAND PARK State IL Zip Code 60462	FEC ID number of contributing federal political committee. C C00264689	Amount of Each Receipt this Period 500.00
Name of Employer Occupation	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Election Cycle-to-Date ▼ 3000.00	

SUBTOTAL of Receipts This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 82
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS		Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2006
Mailing Address 1750 NEW YORK NW		Transaction ID: SA11C.11562
City WASHINGTON State DC Zip Code 20006	FEC ID number of contributing federal political committee. C C70003108	Amount of Each Receipt this Period 1000.00
Name of Employer Occupation	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Election Cycle-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) B. INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS COMMITTEE ON POLITICAL EDUCATION		Date of Receipt M M / D D / Y Y Y Y Y 03 / 11 / 2006
Mailing Address 1125 15TH ST N.W.		Transaction ID: SA11C.11096
City WASHINGTON State DC Zip Code 20005	FEC ID number of contributing federal political committee. C C00027342	Amount of Each Receipt this Period 1000.00
Name of Employer Occupation	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS COMMITTEE ON POLITICAL EDUCATION		Date of Receipt M M / D D / Y Y Y Y Y 03 / 15 / 2006
Mailing Address 1125 15TH ST N.W.		Transaction ID: SA11C.11151
City WASHINGTON State DC Zip Code 20005	FEC ID number of contributing federal political committee. C C00027342	Amount of Each Receipt this Period 4000.00
Name of Employer Occupation	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Election Cycle-to-Date ▼ 5000.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 82			
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. INTERNATIONAL UNION OF PAINTERS AND ALLIED TRADES POLITICAL ACTION TOGETHER POLITICAL		Date of Receipt
Mailing Address 1750 New York Avenue NW		M M / D D / Y Y Y Y Y 03 / 31 / 2006
City	State	Zip Code
Washington	DC	20006
FEC ID number of contributing federal political committee. C C00000885		Transaction ID: SA11C.11570
Name of Employer		Occupation
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period
Election Cycle-to-Date ▼		1000.00
		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial) B. IRONWORKERS POLITICAL ACTION LEAGUE		Date of Receipt
Mailing Address 1750 NY AVE, NW SUITE 400		M M / D D / Y Y Y Y Y 03 / 09 / 2006
City	State	Zip Code
WASHINGTON	DC	20006
FEC ID number of contributing federal political committee. C C00027359		Transaction ID: SA11C.11016
Name of Employer		Occupation
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period
Election Cycle-to-Date ▼		1000.00
		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial) C. LABORERS' POLITICAL LEAGUE-LABORERS' INTERNATIONAL UNION OF NA		Date of Receipt
Mailing Address 905 16TH STREET, N.W.		M M / D D / Y Y Y Y Y 03 / 09 / 2006
City	State	Zip Code
WASHINGTON	DC	20006
FEC ID number of contributing federal political committee. C C00007922		Transaction ID: SA11C.11017
Name of Employer		Occupation
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period
Election Cycle-to-Date ▼		2500.00
		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	4500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 82
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. MACHINISTS NON-PARTISAN POLITICAL LEAGUE		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2006
Mailing Address 9000 MACHINISTS PLACE		Transaction ID: SA11C.11225
City UPPER MARLBORO State MD Zip Code 20772	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C C00002469	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. MONSANTO COMPANY CITIZENSHIP FUND A/K/A MONSANTO CITIZENSHIP FUND		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2006
Mailing Address 800 N LINDBERGH BLVD		Transaction ID: SA11C.11133
City ST LOUIS State MO Zip Code 63167	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00042069	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. MOTOROLA INC. POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 03 / 11 / 2006
Mailing Address 1350 I Street N.W. Suite 400		Transaction ID: SA11C.11094
City Washington State DC Zip Code 20005	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00075341	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	7000.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 29 / 82
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. MPP POLITICAL FUND		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2006
Mailing Address PO BOX 77492 CAPITOL HILL PO BOX 77492 CAP		Transaction ID: SA11C.11134
City WASHINGTON	State DC	Zip Code 20013
FEC ID number of contributing federal political committee. C C30000020		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

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

Full Name (Last, First, Middle Initial) B. NATIONAL COMMITTEE TO PRESERVE SOCIAL SECURITY AND MEDICARE - PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2006
Mailing Address 10TH G STREET N.E. SUITE 600		Transaction ID: SA11C.11136
City WASHINGTON	State DC	Zip Code 20002
FEC ID number of contributing federal political committee. C C00172296		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

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

Full Name (Last, First, Middle Initial) C. NICOR INC POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2006
Mailing Address 1700 WEST FERRY ROAD		Transaction ID: SA11C.11154
City NAPERVILLE	State IL	Zip Code 60566
FEC ID number of contributing federal political committee. C C00164970		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

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

SUBTOTAL of Receipts This Page (optional) ▶	2500.00
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER: PAGE 30 / 82
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

A. Full Name (Last, First, Middle Initial)
NUCLEAR ENERGY INSTITUTE FED POLITICAL ACTION COMMITTEE

Mailing Address 1776 I ST NW SUITE 400

City State Zip Code
WASHINGTON DC 20006

FEC ID number of contributing federal political committee. **C** C00239848

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 16 / 2006

Transaction ID: SA11C.11153

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
POWER PAC OF THE EDISON ELECTRIC INSTITUTE

Mailing Address 701 PENNSYLVANIA AVENUE N W

City State Zip Code
WASHINGTON DC 20004

FEC ID number of contributing federal political committee. **C** C00095869

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 09 / 2006

Transaction ID: SA11C.11064

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
SERVICE EMPLOYEES INTERNATIONAL UNION POLITICAL CAMPAIGN COMMITTEE

Mailing Address 1313 L STREET NW

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00004036

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 17 / 2006

Transaction ID: SA11C.11173

Amount of Each Receipt this Period
5000.00

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

SUBTOTAL of Receipts This Page (optional) ► **7000.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 82
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. SONNENSCHN NATH & ROSENTHAL GOOD GOVERNMENT COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2006
Mailing Address 8000 SEARS TOWER		Transaction ID: SA11C.11037
City State Zip Code CHICAGO IL 60606	FEC ID number of contributing federal political committee. C C00216127	Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. SPRINT CORPORATION POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 03 / 18 / 2006
Mailing Address 6450 Sprint Parkway KSOPHN0212-2A454		Transaction ID: SA11C.11203
City State Zip Code Overland Park KS 66251	FEC ID number of contributing federal political committee. C C00089342	Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)		Date of Receipt M M / D D / Y Y Y Y 03 / 11 / 2006
Mailing Address 8000 EAST JEFFERSON		Transaction ID: SA11C.11091
City State Zip Code DETROIT MI 48214	FEC ID number of contributing federal political committee. C C00002840	Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 8500.00	

SUBTOTAL of Receipts This Page (optional)	4500.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 82
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2006
Mailing Address 8000 EAST JEFFERSON		Transaction ID: SA11C.11137
City State Zip Code DETROIT MI 48214	FEC ID number of contributing federal political committee. C C00002840	Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 9500.00	

Full Name (Last, First, Middle Initial) B. UNITED PARCEL SERVICE OF AMERICA INC POLITICAL ACTION COMMITTEE (UPSPAC)		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2006
Mailing Address 55 GLENLAKE PARKWAY NE		Transaction ID: SA11C.11229
City State Zip Code ATLANTA GA 30328	FEC ID number of contributing federal political committee. C C00064766	Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. UNITE HERE TIP CAMPAIGN COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2006
Mailing Address 275 Seventh Ave. 10th Floor		Transaction ID: SA11C.11114
City State Zip Code New York NY 10001	FEC ID number of contributing federal political committee. C C00004861	Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 82
	(check only one)
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

A. Full Name (Last, First, Middle Initial)
VERIZON COMMUNICATIONS INC GOOD GOVERNMENT CLUB (FKA BELL ATLANTIC CORPORATION)

Mailing Address 1717 ARCH STREET 47TH FL S

City State Zip Code
PHILADELPHIA PA 19103

FEC ID number of contributing federal political committee. **C** C00186288

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 30 / 2006

Transaction ID: SA11C.11840

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
WALT DISNEY PRODUCTIONS EMPLOYEES PAC (DISNEY EMPLOYEES POLITICAL ACTION COMMITTEE)

Mailing Address 1150 17TH STREET NW SUITE 400

City State Zip Code
WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C** C00197749

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 15 / 2006

Transaction ID: SA11C.11138

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	75200.00

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

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

NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. Abcom Computer Rental		Transaction ID: SB17.11343 Date of Disbursement MM / DD / YYYY 03 / 15 / 2006
Mailing Address 516 Lunt Avenue		Amount of Each Disbursement this Period 524.70
City Schaumburg State IL Zip Code 60193	Purpose of Disbursement COMPUTER RENTAL (Jackson)	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Abcom Computer Rental		Transaction ID: SB17.11392 Date of Disbursement MM / DD / YYYY 03 / 31 / 2006
Mailing Address 516 Lunt Avenue		Amount of Each Disbursement this Period 524.70
City Schaumburg State IL Zip Code 60193	Purpose of Disbursement COMPUTER RENTAL (Jackson)	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Johnny Allen		Transaction ID: SB17.11385 Date of Disbursement MM / DD / YYYY 03 / 21 / 2006
Mailing Address 4747 S. King Drive #1301		Amount of Each Disbursement this Period 1000.00
City Chicago State IL Zip Code 60615	Purpose of Disbursement ENTERTAINMENT - BAND	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. Ameritech		Transaction ID: SB17.11361 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 0 6
Mailing Address Bill Payment Center		Amount of Each Disbursement this Period 980.05 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Chicago State IL Zip Code 00000	Purpose of Disbursement telephone service Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Ameritech		Transaction ID: SB17.11362 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 0 6
Mailing Address Bill Payment Center		Amount of Each Disbursement this Period 27.55 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Chicago State IL Zip Code 00000	Purpose of Disbursement telephone service Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input 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. Asselta & Company		Transaction ID: SB17.11271 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 0 6
Mailing Address 226 Morgan Avenue		Amount of Each Disbursement this Period 8000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Collingswood State NJ Zip Code 08108	Purpose of Disbursement Fundraising Fee Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input 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) ▶	9007.60
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)

PAGE 36 / 82

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

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

NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. Debra Bey		Transaction ID: SB17.11273 Date of Disbursement 03 / 06 / 2006	
Mailing Address 7332 S. Green		Amount of Each Disbursement this Period 200.00	
City Chicago State IL Zip Code 60621	Purpose of Disbursement POST SIGNS - Watkins Candidate Name	004 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) ▼		

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. Debra Bey		Transaction ID: SB17.11351 Date of Disbursement 03 / 16 / 2006	
Mailing Address 7332 S. Green		Amount of Each Disbursement this Period 150.00	
City Chicago State IL Zip Code 60621	Purpose of Disbursement put up signage (Underwood) Candidate Name	004 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) ▼		

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. Debra Bey		Transaction ID: SB17.11436 Date of Disbursement 03 / 21 / 2006	
Mailing Address 7332 S. Green		Amount of Each Disbursement this Period 150.00	
City Chicago State IL Zip Code 60621	Purpose of Disbursement Put up signage (Jackson) Candidate Name	004 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) ▼		

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 37 / 82

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

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

NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

<p>A. Debra Bey</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 7332 S. Green</p> <p>City Chicago State IL Zip Code 60621</p> <p>Purpose of Disbursement Post Signage(Jackson) Category/Type 004</p> <p>Candidate Name</p> <p>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) ▼</p> <p>State: District:</p>		<p>Transaction ID: SB17.11437</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="150.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
---	--	--

<p>B. Glenetta Cade</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 415 Stoney Island</p> <p>City Chicago State IL Zip Code 60409</p> <p>Purpose of Disbursement Polling (Jackson) Category/Type 005</p> <p>Candidate Name</p> <p>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) ▼</p> <p>State: District:</p>		<p>Transaction ID: SB17.11364</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="340.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
---	--	--

<p>C. Glenetta Cade</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 415 Stoney Island</p> <p>City Chicago State IL Zip Code 60409</p> <p>Purpose of Disbursement Gasoline(Jackson) Category/Type 005</p> <p>Candidate Name</p> <p>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) ▼</p> <p>State: District:</p>		<p>Transaction ID: SB17.11411</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="20.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
---	--	---

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. Glenetta Cade		Transaction ID: SB17.11412 Date of Disbursement 03 / 21 / 2006
Mailing Address 415 Stoney Island		Amount of Each Disbursement this Period 80.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Chicago	State IL	
Zip Code 60409		
Purpose of Disbursement Polling (Jackson)		
Candidate Name		Category/Type 005
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. Charles Colbert Communications		Transaction ID: SB17.11292 Date of Disbursement 03 / 07 / 2006
Mailing Address 1521 Bolson Drive		Amount of Each Disbursement this Period 30000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Downers Grove	State IL	
Zip Code 60516		
Purpose of Disbursement Radio Ads		
Candidate Name		Category/Type 004
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. Chicago Daily Defender		Transaction ID: SB17.11300 Date of Disbursement 03 / 10 / 2006
Mailing Address 2400 S. Michigan Avenue		Amount of Each Disbursement this Period 1285.55 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Chicago	State IL	
Zip Code 60616		
Purpose of Disbursement Newspaper Ad		
Candidate Name		Category/Type 004
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) ▶	31285.55
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. Citizens Newspaper Group		Transaction ID: SB17.11296 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6
Mailing Address 806 East 78th Street		Amount of Each Disbursement this Period 2113.74 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Chicago State IL Zip Code 60619	Purpose of Disbursement Newspaper Ad 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 004

Full Name (Last, First, Middle Initial) B. ComEd		Transaction ID: SB17.11317 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 6
Mailing Address Bill Payment Center		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 Chicago State IL Zip Code 60600	Purpose of Disbursement ELECTRICITY 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 001

Full Name (Last, First, Middle Initial) C. Jerome Crockett		Transaction ID: SB17.11415 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 6
Mailing Address 9417 S. Bishop		Amount of Each Disbursement this Period 80.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Chicago State IL Zip Code 60620	Purpose of Disbursement polling (Jackson) 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 005

SUBTOTAL of Disbursements This Page (optional) ▶	3113.74
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

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

NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. Lavada Daffin		Transaction ID: SB17.11400 Date of Disbursement 03 / 21 / 2006
Mailing Address 7411 S. Blackstone		Amount of Each Disbursement this Period 80.00
City Chicago State IL Zip Code 60619	Purpose of Disbursement Polling (Jackson)	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Lavada Daffin		Transaction ID: SB17.11430 Date of Disbursement 03 / 21 / 2006
Mailing Address 7411 S. Blackstone		Amount of Each Disbursement this Period 80.00
City Chicago State IL Zip Code 60619	Purpose of Disbursement Polling-Election Day (Jackson)	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Christina Driver		Transaction ID: SB17.11278 Date of Disbursement 03 / 06 / 2006
Mailing Address 511 W. Chestnut		Amount of Each Disbursement this Period 200.00
City Chicago State IL Zip Code 60610	Purpose of Disbursement POST SIGNS - Watkins	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. Fay's Fanfare Catering		Transaction ID: SB17.11353 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 0 6
Mailing Address Not Available		Amount of Each Disbursement this Period 1300.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Chicago State IL Zip Code 60600		
Purpose of Disbursement Catering Candidate Name	007 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Martin Fountain		Transaction ID: SB17.11424 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address 7733 South Shore		Amount of Each Disbursement this Period 80.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Chicago State IL Zip Code 60600		
Purpose of Disbursement Polling (Jackson) Candidate Name	005 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Lamone Glover		Transaction ID: SB17.11346 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 6
Mailing Address 6425 S. Lowe		Amount of Each Disbursement this Period 270.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Chicago State IL Zip Code 60621		
Purpose of Disbursement SALARY Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1570.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. Lamone Glover		Transaction ID: SB17.11461 Date of Disbursement 03 / 31 / 2006
Mailing Address 6425 S. Lowe		Amount of Each Disbursement this Period 360.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Chicago State IL Zip Code 60621	Purpose of Disbursement Salaru Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input 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. Grainger Terry, Inc.		Transaction ID: SB17.11460 Date of Disbursement 03 / 05 / 2006
Mailing Address 1965 W. Pershing Road Building A, 3rd Floor		Amount of Each Disbursement this Period 1018.49 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Chicago State IL Zip Code 60609	Purpose of Disbursement Printing (Watkins) Candidate Name Category/Type 006	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Grainger Terry, Inc.		Transaction ID: SB17.11310 Date of Disbursement 03 / 10 / 2006
Mailing Address 1965 W. Pershing Road Building A, 3rd Floor		Amount of Each Disbursement this Period 58150.36 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Chicago State IL Zip Code 60609	Purpose of Disbursement Signage, Literature & Mailings Candidate Name Category/Type 004	
Office Sought: <input type="checkbox"/> House <input 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) ▶	58510.36
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)

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

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

NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. Grainger Terry, Inc.		Transaction ID: SB17.11352 Date of Disbursement 03 / 16 / 2006
Mailing Address 1965 W. Pershing Road Building A, 3rd Floor		Amount of Each Disbursement this Period 34900.00
City Chicago State IL Zip Code 60609	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MAILING Candidate Name	Category/Type 004	
Office Sought: <input type="checkbox"/> House <input 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. Roger Harris		Transaction ID: SB17.11357 Date of Disbursement 03 / 17 / 2006
Mailing Address 9209 S. Marshfield		Amount of Each Disbursement this Period 300.00
City Chicago State IL Zip Code 60620	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Entertainment - Piano - Jackson Candidate Name	Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. Stephanie A. Henson-Gadlin		Transaction ID: SB17.11339 Date of Disbursement 03 / 15 / 2006
Mailing Address 1400 W. 73rd Place		Amount of Each Disbursement this Period 2920.00
City Chicago State IL Zip Code 60636	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SALARY Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input 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) ▶	37820.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. Stephanie A. Henson-Gadlin		Transaction ID: SB17.11390 Date of Disbursement 03 / 31 / 2006	
Mailing Address 1400 W. 73rd Place		Amount of Each Disbursement this Period 2920.00	
City Chicago State IL Zip Code 60636	Purpose of Disbursement SALARY Candidate Name	001 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) ▼		

Transaction ID: SB17.11390
Date of Disbursement

03 / 31 / 2006

Amount of Each Disbursement this Period

2920.00

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

Full Name (Last, First, Middle Initial) B. Illinois State Board of Elections		Transaction ID: SB17.10930 Date of Disbursement 01 / 02 / 2006	
Mailing Address 100 West Randolph Street		Amount of Each Disbursement this Period 135.75	
City Chicago State IL Zip Code 60601	Purpose of Disbursement Nomination Petition Copies Candidate Name	006 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) ▼		

Transaction ID: SB17.10930
Date of Disbursement

01 / 02 / 2006

Amount of Each Disbursement this Period

135.75

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. Independent Bulletin Newspaper		Transaction ID: SB17.11298 Date of Disbursement 03 / 10 / 2006	
Mailing Address 500 N. Michigan Ave., #300		Amount of Each Disbursement this Period 375.00	
City Chicago State IL Zip Code 60611-3775	Purpose of Disbursement Newspaper Ad Candidate Name	004 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) ▼		

Transaction ID: SB17.11298
Date of Disbursement

03 / 10 / 2006

Amount of Each Disbursement this Period

375.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

3295.00

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)

PAGE 45 / 82

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

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

NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

<p>A. Full Name (Last, First, Middle Initial) J & J Carwash</p> <p>Mailing Address 349 East 31st Street</p> <p>City Chicago State IL Zip Code 60616</p> <p>Purpose of Disbursement ANNUAL CARWASH FEE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: SB17.11384</p> <p>Date of Disbursement</p> <p><input type="text" value="03"/> / <input type="text" value="21"/> / <input type="text" value="2006"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="400.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type: <input type="text" value="001"/></p>

<p>B. Full Name (Last, First, Middle Initial) Joyce M. Jackson</p> <p>Mailing Address 10832 S. Calumet</p> <p>City Chicago State IL Zip Code 60628</p> <p>Purpose of Disbursement Polling expense (Jackson)</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: SB17.11398</p> <p>Date of Disbursement</p> <p><input type="text" value="03"/> / <input type="text" value="21"/> / <input type="text" value="2006"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="80.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type: <input type="text" value="005"/></p> <p>[MEMO ITEM]</p>

<p>C. Full Name (Last, First, Middle Initial) Joyce M. Jackson</p> <p>Mailing Address 10832 S. Calumet</p> <p>City Chicago State IL Zip Code 60628</p> <p>Purpose of Disbursement Polling-Election Day (Jackson)</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: SB17.11429</p> <p>Date of Disbursement</p> <p><input type="text" value="03"/> / <input type="text" value="21"/> / <input type="text" value="2006"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="80.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type: <input type="text" value="005"/></p> <p>[MEMO ITEM]</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="400.00"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. Sheila L. Jackson		Transaction ID: SB17.11264 Date of Disbursement 03 / 03 / 2006	
Mailing Address P.O. Box 7292			
City Chicago	State IL	Zip Code 60680-7292	
Purpose of Disbursement *		Amount of Each Disbursement this Period 1073.40	
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	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Category/Type		

Full Name (Last, First, Middle Initial) B. Sheila L. Jackson		Transaction ID: SB17.11269 Date of Disbursement 03 / 03 / 2006	
Mailing Address P.O. Box 7292			
City Chicago	State IL	Zip Code 60680-7292	
Purpose of Disbursement Accounting Services		Amount of Each Disbursement this Period 1500.00	
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	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Category/Type 001		

Full Name (Last, First, Middle Initial) C. Sheila L. Jackson		Transaction ID: SB17.11311 Date of Disbursement 03 / 13 / 2006	
Mailing Address P.O. Box 7292			
City Chicago	State IL	Zip Code 60680-7292	
Purpose of Disbursement Monies to pay Workers		Amount of Each Disbursement this Period 500.00	
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	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Category/Type 004		

SUBTOTAL of Disbursements This Page (optional)	3073.40
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. Sheila L. Jackson		Transaction ID: SB17.11342 Date of Disbursement 03 / 15 / 2006	
Mailing Address P.O. Box 7292		Amount of Each Disbursement this Period 524.70	
City Chicago State IL Zip Code 60680-7292	Purpose of Disbursement COMPUTER RENTAL Candidate Name	Category/Type 001 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Sheila L. Jackson		Transaction ID: SB17.11356 Date of Disbursement 03 / 17 / 2006	
Mailing Address P.O. Box 7292		Amount of Each Disbursement this Period 900.00	
City Chicago State IL Zip Code 60680-7292	Purpose of Disbursement monies to pay workers Candidate Name	Category/Type 003 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Sheila L. Jackson		Transaction ID: SB17.11363 Date of Disbursement 03 / 18 / 2006	
Mailing Address P.O. Box 7292		Amount of Each Disbursement this Period 1200.00	
City Chicago State IL Zip Code 60680-7292	Purpose of Disbursement monies to pay pollsters Candidate Name	Category/Type 005 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	2624.70
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. Sheila L. Jackson		Transaction ID: SB17.11369 Date of Disbursement 03 / 21 / 2006	
Mailing Address P.O. Box 7292		Amount of Each Disbursement this Period 6000.00	
City Chicago State IL Zip Code 60680-7292	Purpose of Disbursement Monies to Pay Election Day Workers	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 007		
Office Sought: <input type="checkbox"/> House <input 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. Sheila L. Jackson		Transaction ID: SB17.11391 Date of Disbursement 03 / 31 / 2006	
Mailing Address P.O. Box 7292		Amount of Each Disbursement this Period 1334.60	
City Chicago State IL Zip Code 60680-7292	Purpose of Disbursement computer rental & media dvd's	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 001		
Office Sought: <input type="checkbox"/> House <input 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. Vicky D James		Transaction ID: SB17.11402 Date of Disbursement 03 / 21 / 2006	
Mailing Address 3910 Deocar St		Amount of Each Disbursement this Period 80.00	
City East Chicago State IN Zip Code 46312	Purpose of Disbursement POLLING (Jackson)	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 005		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]	

SUBTOTAL of Disbursements This Page (optional) ▶	7334.60
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)

PAGE 49 / 82

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

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

NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. Vicky D James		Transaction ID: SB17.11431 Date of Disbursement 03 / 21 / 2006
Mailing Address 3910 Deocar St		Amount of Each Disbursement this Period 80.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City East Chicago State IN Zip Code 46312		
Purpose of Disbursement Polling-Election Day (Jackson) Candidate Name	005 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. BERNARD KEATON		Transaction ID: SB17.11406 Date of Disbursement 03 / 21 / 2006
Mailing Address 5328 W. HARRISON		Amount of Each Disbursement this Period 80.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City CHICAGO State IL Zip Code 60644		
Purpose of Disbursement POLLING (Jackson) Candidate Name	005 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Kentucky Fried Chicken		Transaction ID: SB17.11382 Date of Disbursement 03 / 21 / 2006
Mailing Address 3808 West Roosevelt Road		Amount of Each Disbursement this Period 1201.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Chicago State IL Zip Code 60600		
Purpose of Disbursement CATERING Candidate Name	007 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	1201.75
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. KeyPhones Direct.com		Transaction ID: SB17.11267 Date of Disbursement MM / DD / YYYY 03 / 03 / 2003
Mailing Address Not Available		Amount of Each Disbursement this Period 259.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Not Available	State IL Zip Code 00000	
Purpose of Disbursement Telephone Equipment - Jackson Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Kinko's		Transaction ID: SB17.11586 Date of Disbursement MM / DD / YYYY 03 / 21 / 2006
Mailing Address 1315 East 57th Street		Amount of Each Disbursement this Period 375.56 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Chicago	State IL Zip Code 60637	
Purpose of Disbursement PRINTING (Jackson) Candidate Name	006 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Charlene Martin		Transaction ID: SB17.11422 Date of Disbursement MM / DD / YYYY 03 / 21 / 2006
Mailing Address 8114 S. Marnistee		Amount of Each Disbursement this Period 80.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Chicago	State IL Zip Code 60617	
Purpose of Disbursement Polling(Jackson) Candidate Name	005 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. Kyle Morgan		Transaction ID: SB17.11438 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 6
Mailing Address 1300 West 96th Street		Amount of Each Disbursement this Period 180.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Chicago State IL Zip Code 60643	Purpose of Disbursement Delivery of signs per Phone Bank (Jackso) 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 004

Full Name (Last, First, Middle Initial) B. N'Digo		Transaction ID: SB17.11302 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6
Mailing Address 19 N. Sangamon		Amount of Each Disbursement this Period 1522.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Chicago State IL Zip Code 60607-2613	Purpose of Disbursement Newspaper Ad 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 004

Full Name (Last, First, Middle Initial) C. Nationwide News Monitors		Transaction ID: SB17.11265 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 0 6
Mailing Address P.O. Box 5001		Amount of Each Disbursement this Period 694.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Skokie State IL Zip Code 60076-5001	Purpose of Disbursement Media DVD's - Jackson 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 007

SUBTOTAL of Disbursements This Page (optional) ▶	1522.00
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)

PAGE 52 / 82

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

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

NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

A. Nationwide News Monitors Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 5001 City Skokie State IL Zip Code 60076-5001 Purpose of Disbursement MEDIA SERVICE DVD'S - (Jackson) Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.11393 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6 Amount of Each Disbursement this Period 615.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
---	--	--

B. Mr. Paris Nelson Full Name (Last, First, Middle Initial) Mailing Address 5517 S. Bishop City Chicago State IL Zip Code 60600 Purpose of Disbursement Polling (Jackson) Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.11420 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 6 Amount of Each Disbursement this Period 50.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
--	--	---

C. Stephanie O'Neal Full Name (Last, First, Middle Initial) Mailing Address 4324 S. Vincennes City Chicago State IL Zip Code 60653 Purpose of Disbursement polling (Jackson) Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.11366 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 8 / 2 0 0 6 Amount of Each Disbursement this Period 340.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
---	--	--

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 53 / 82

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

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

NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

<p>A. Full Name (Last, First, Middle Initial) Stephanie O'Neal</p>		<p>Transaction ID: SB17.11409 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> </p>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		2	1		2	0	0	6														
<p>Mailing Address 4324 S. Vincennes</p>		<p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>20.00</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] </p>		20.00																			
20.00																							
<p>City Chicago State IL Zip Code 60653</p>	<p>Purpose of Disbursement Gasoline (Jackson)</p>	<p>Category/Type 005</p>																					
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																						

<p>B. Full Name (Last, First, Middle Initial) Stephanie O'Neal</p>		<p>Transaction ID: SB17.11410 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> </p>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		2	1		2	0	0	6														
<p>Mailing Address 4324 S. Vincennes</p>		<p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>80.00</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] </p>		80.00																			
80.00																							
<p>City Chicago State IL Zip Code 60653</p>	<p>Purpose of Disbursement polling (Jackson)</p>	<p>Category/Type 005</p>																					
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																						

<p>C. Full Name (Last, First, Middle Initial) Walter M. Perkins</p>		<p>Transaction ID: SB17.11345 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> </p>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	5		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		1	5		2	0	0	6														
<p>Mailing Address 2438 Athens Road</p>		<p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>1500.00</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 </p>		1500.00																			
1500.00																							
<p>City Olympia Fields State IL Zip Code 60461</p>	<p>Purpose of Disbursement SALARY</p>	<p>Category/Type 001</p>																					
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																						

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>1500.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. Takoa S. Phillips		Transaction ID: SB17.11417 Date of Disbursement 03 / 21 / 2006	
Mailing Address 6650 S. Stewart Ave.		Amount of Each Disbursement this Period 80.00	
City Chicago State IL Zip Code 60621	Purpose of Disbursement Polling (Jackson)	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
Candidate Name	Category/Type 005		
Office Sought: <input type="checkbox"/> House <input 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. Kail Pittman		Transaction ID: SB17.11442 Date of Disbursement 03 / 21 / 2006	
Mailing Address 1305 W. 97th Street		Amount of Each Disbursement this Period 100.00	
City Chicago State IL Zip Code 60600	Purpose of Disbursement Delivery of Signage(Jackson)	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
Candidate Name	Category/Type 004		
Office Sought: <input type="checkbox"/> House <input 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. Popeye's Chicken		Transaction ID: SB17.11581 Date of Disbursement 03 / 18 / 2006	
Mailing Address 300 East 35th Street		Amount of Each Disbursement this Period 100.00	
City Chicago State IL Zip Code 60616	Purpose of Disbursement Food for Workers (Jackson)	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
Candidate Name	Category/Type 005		
Office Sought: <input type="checkbox"/> House <input 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

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

NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. Popeye's Chicken		Transaction ID: SB17.11381 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 6
Mailing Address 300 East 35th Street		Amount of Each Disbursement this Period 562.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Chicago State IL Zip Code 60616	Purpose of Disbursement CATERING Candidate Name Category/Type 007	
Office Sought: <input type="checkbox"/> House <input 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. Progress Printing Corp.		Transaction ID: SB17.10932 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6
Mailing Address 3324 S. Halsted		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 [MEMO ITEM]
City Chicago State IL Zip Code 60600	Purpose of Disbursement Printing Candidate Name Category/Type 006	
Office Sought: <input type="checkbox"/> House <input 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. Emanuel Ralford		Transaction ID: SB17.11418 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 6
Mailing Address 2202 N. Major		Amount of Each Disbursement this Period 80.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Chicago State IL Zip Code 60638	Purpose of Disbursement POLLING (Jackson) Candidate Name Category/Type 005	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	562.50
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

PAGE 56 / 82

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

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

NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. Rome's Joy Catering, Inc.		Transaction ID: SB17.11289 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 6
Mailing Address 4455 S. King Drive		Amount of Each Disbursement this Period 3094.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Chicago State IL Zip Code 60653	Purpose of Disbursement Catering Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input 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. Rome's Joy Catering, Inc.		Transaction ID: SB17.11355 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 0 6
Mailing Address 4455 S. King Drive		Amount of Each Disbursement this Period 2076.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Chicago State IL Zip Code 60653	Purpose of Disbursement catering Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input 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. Rome's Joy Catering, Inc.		Transaction ID: SB17.11580 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 0 6
Mailing Address 4455 S. King Drive		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 [MEMO ITEM]
City Chicago State IL Zip Code 60653	Purpose of Disbursement Catering Champagne (Jackson) Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input 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) ▶	5170.50
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. Rome's Joy Catering, Inc.		Transaction ID: SB17.11380 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 6
Mailing Address 4455 S. King Drive		Amount of Each Disbursement this Period 3158.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Chicago State IL Zip Code 60653	Purpose of Disbursement CATERING Candidate Name Category/Type 007	
Office Sought: <input type="checkbox"/> House <input 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. Carolyn A. Rush		Transaction ID: SB17.11386 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 0 6
Mailing Address 3534 S. Calumet Ave.		Amount of Each Disbursement this Period 5398.84 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Chicago State IL Zip Code 60653	Purpose of Disbursement SALARY Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input 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. Cora Rush		Transaction ID: SB17.11368 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 8 / 2 0 0 6
Mailing Address 18117 Brittany		Amount of Each Disbursement this Period 3000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Lansing State IL Zip Code 60438	Purpose of Disbursement Salary Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input 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) ▶	11556.84
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 58 / 82

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

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

NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. Kacy Rush		Transaction ID: SB17.11584 Date of Disbursement 03 / 21 / 2006	
Mailing Address 3562 S. Rhodes		Amount of Each Disbursement this Period 150.00	
City Chicago State IL Zip Code 60653	Purpose of Disbursement Election Day Worker (Jackson)	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
Candidate Name	Category/Type 005		
Office Sought: <input type="checkbox"/> House <input 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. Evelyn Santiago		Transaction ID: SB17.11440 Date of Disbursement 03 / 21 / 2006	
Mailing Address 1903 N. Humbolt Park		Amount of Each Disbursement this Period 475.00	
City Chicago State IL Zip Code 60647	Purpose of Disbursement Post Signage (Jackson)	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
Candidate Name	Category/Type 004		
Office Sought: <input type="checkbox"/> House <input 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. Shermaine Sargent		Transaction ID: SB17.11283 Date of Disbursement 03 / 06 / 2006	
Mailing Address 7417 S. Racine		Amount of Each Disbursement this Period 200.00	
City Chicago State IL Zip Code 60621	Purpose of Disbursement Post Signs (Watkins)	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
Candidate Name	Category/Type 004		
Office Sought: <input type="checkbox"/> House <input 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)

PAGE 59 / 82

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

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

NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. Andre Scorpio		Transaction ID: SB17.11359 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 0 6
Mailing Address 5244 S. Drexel Ave.		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 [MEMO ITEM]
City Chicago State IL Zip Code 60615		
Purpose of Disbursement ENTERTAINMENT - DJ(Jackson) Candidate Name	Category/Type 003	
Office Sought: <input type="checkbox"/> House <input 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. COREY SHAW		Transaction ID: SB17.11404 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 6
Mailing Address 9929 S. CARGESTER		Amount of Each Disbursement this Period 80.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City cHICAGO State IL Zip Code 60458		
Purpose of Disbursement POLLING (Jackson) Candidate Name	Category/Type 005	
Office Sought: <input type="checkbox"/> House <input 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. COREY SHAW		Transaction ID: SB17.11432 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 6
Mailing Address 9929 S. CARGESTER		Amount of Each Disbursement this Period 80.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City cHICAGO State IL Zip Code 60458		
Purpose of Disbursement Polling-Election Day (Jackson) Candidate Name	Category/Type 005	
Office Sought: <input type="checkbox"/> House <input 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

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

NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. ShoreBank		Transaction ID: SB17.11276 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 6
Mailing Address 7054 S. Jeffery Blvd.		Amount of Each Disbursement this Period 10.00
City Chicago State IL Zip Code 60649	Purpose of Disbursement CHECK CASHING FEE - Watkins 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] <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. ShoreBank		Transaction ID: SB17.11293 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 6
Mailing Address 7054 S. Jeffery Blvd.		Amount of Each Disbursement this Period 25.00
City Chicago State IL Zip Code 60649	Purpose of Disbursement Bank Service Charge 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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. ShoreBank		Transaction ID: SB17.11396 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address 7054 S. Jeffery Blvd.		Amount of Each Disbursement this Period 75.87
City Chicago State IL Zip Code 60649	Purpose of Disbursement BANK SERVICE CHARGE 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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	100.87
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

<p>A. Full Name (Last, First, Middle Initial) Larry D. Smith</p>		<p>Transaction ID: SB17.11314 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> </p>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		1	3		2	0	0	6														
<p>Mailing Address 2935 W. Adams St.</p>		<p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>150.00</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] </p>		150.00																			
150.00																							
<p>City Chicago State IL Zip Code 60612</p>	<p>Purpose of Disbursement Post Signage (Jackson) Category/Type 004</p>	<p>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:</p>																					

<p>B. Full Name (Last, First, Middle Initial) Larry D. Smith</p>		<p>Transaction ID: SB17.11348 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> </p>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	6		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		1	6		2	0	0	6														
<p>Mailing Address 2935 W. Adams St.</p>		<p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>150.00</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] </p>		150.00																			
150.00																							
<p>City Chicago State IL Zip Code 60612</p>	<p>Purpose of Disbursement PUT UP SIGNAGE (Underwood) Category/Type 004</p>	<p>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:</p>																					

<p>C. Full Name (Last, First, Middle Initial) South Street Journal</p>		<p>Transaction ID: SB17.11306 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> </p>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	0		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		1	0		2	0	0	6														
<p>Mailing Address 812 West 94th Street</p>		<p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>1500.00</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 </p>		1500.00																			
1500.00																							
<p>City Chicago State IL Zip Code 60620</p>	<p>Purpose of Disbursement Newspaper Ad Category/Type 004</p>	<p>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:</p>																					

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>1500.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. StreetWise		Transaction ID: SB17.11304 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6
Mailing Address 1201 West Lake Street		Amount of Each Disbursement this Period 500.00
City Chicago State IL Zip Code 60607	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Newspaper Ad Candidate Name	Category/Type 004	
Office Sought: <input type="checkbox"/> House <input 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. TARGET'S		Transaction ID: SB17.11394 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address 1155 S. CLARK ST		Amount of Each Disbursement this Period 194.90
City CHICAGO State IL Zip Code 60600	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SUPPLIES (Jackson) Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. Tammy A. Taylor		Transaction ID: SB17.11583 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 6
Mailing Address 1300 West 96th Street		Amount of Each Disbursement this Period 900.00
City Chicago State IL Zip Code 60643	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Election Day Salary - (Jackson) Candidate Name	Category/Type 005	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. Tammy A. Taylor		Transaction ID: SB17.11341 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 0 6
Mailing Address 1300 West 96th Street		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Chicago State IL Zip Code 60643	Purpose of Disbursement SALARY Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input 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. Tammy A. Taylor		Transaction ID: SB17.11389 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address 1300 West 96th Street		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Chicago State IL Zip Code 60643	Purpose of Disbursement SALARY Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input 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. The Metropolitan Club - Sears Tower		Transaction ID: SB17.11308 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6
Mailing Address 233 South Wacker Drive		Amount of Each Disbursement this Period 1634.26 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Chicago State IL Zip Code 60606	Purpose of Disbursement Catering Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input 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) ▶	3634.26
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 64 / 82

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

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

NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. Judy Tucker		Transaction ID: SB17.11585 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 6
Mailing Address 8632 S. Prairie		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 [MEMO ITEM]
City Chicago State IL Zip Code 60619		
Purpose of Disbursement Election Day Staff (Jackson) Candidate Name	005 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Uncle Joe's Jerk		Transaction ID: SB17.11286 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 6
Mailing Address 8211 S. Cottage Grove		Amount of Each Disbursement this Period 200.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Chicago State IL Zip Code 60619		
Purpose of Disbursement post signs (Watkins) Candidate Name	004 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Daniel Underwood		Transaction ID: SB17.11316 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 6
Mailing Address 1430 N. Cleveland		Amount of Each Disbursement this Period 50.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Chicago State IL Zip Code 60610		
Purpose of Disbursement Post Signage (Jackson) Candidate Name	004 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. Daniel Underwood		Transaction ID: SB17.11338 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6
Mailing Address 1430 N. Cleveland		Amount of Each Disbursement this Period 1500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Chicago State IL Zip Code 60610	Purpose of Disbursement SALARY Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input 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. Daniel Underwood		Transaction ID: SB17.11347 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 6
Mailing Address 1430 N. Cleveland		Amount of Each Disbursement this Period 650.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Chicago State IL Zip Code 60610	Purpose of Disbursement PUT UP SIGNAGE Candidate Name Category/Type 004	
Office Sought: <input type="checkbox"/> House <input 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. Daniel Underwood		Transaction ID: SB17.11582 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 8 / 2 0 0 6
Mailing Address 1430 N. Cleveland		Amount of Each Disbursement this Period 400.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Chicago State IL Zip Code 60610	Purpose of Disbursement Salary - (Jackson) Candidate Name Category/Type 005	
Office Sought: <input type="checkbox"/> House <input 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) ▶	2150.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. Daniel Underwood		Transaction ID: SB17.11388 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address 1430 N. Cleveland		Amount of Each Disbursement this Period 1450.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Chicago State IL Zip Code 60610		
Purpose of Disbursement SALARY Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Jamal Underwood		Transaction ID: SB17.11275 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 6
Mailing Address 1802 Jemble St,		Amount of Each Disbursement this Period 200.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City South Bend State IN Zip Code 46613		
Purpose of Disbursement POST SIGNS - Watkins Candidate Name	004 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Jamal Underwood		Transaction ID: SB17.11435 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 6
Mailing Address 1802 Jemble St,		Amount of Each Disbursement this Period 150.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City South Bend State IN Zip Code 46613		
Purpose of Disbursement Post Signage (Jackson) Candidate Name	004 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1450.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. Gregory Wallace		Transaction ID: SB17.11281 Date of Disbursement 03 / 06 / 2006	
Mailing Address 7332 S. Green		Amount of Each Disbursement this Period 200.00	
City Chicago State IL Zip Code 60621	Purpose of Disbursement POST SIGNS - (Watkins)	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
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 004	

Full Name (Last, First, Middle Initial) B. Aaron C. Walters		Transaction ID: SB17.11413 Date of Disbursement 03 / 21 / 2006	
Mailing Address 7029 S. Fairfield		Amount of Each Disbursement this Period 80.00	
City Chicago State IL Zip Code 60629	Purpose of Disbursement polling (Jackson)	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
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 005	

Full Name (Last, First, Middle Initial) C. Aaron C. Walters		Transaction ID: SB17.11444 Date of Disbursement 03 / 21 / 2006	
Mailing Address 7029 S. Fairfield		Amount of Each Disbursement this Period 120.00	
City Chicago State IL Zip Code 60629	Purpose of Disbursement Delivery of Signs (Jackson)	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
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 004	

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)

PAGE 68 / 82

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

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

NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

A. Herman Wandick Full Name (Last, First, Middle Initial) Mailing Address 1942 N. Sheffield City Chicago State IL Zip Code 60614 Purpose of Disbursement POST SIGNS(Watkins) Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.11287 Date of Disbursement 03 / 06 / 2006 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 [MEMO ITEM]
--	--	---

B. Angelia Roberts Watkins Full Name (Last, First, Middle Initial) Mailing Address 1241 E. 98th Street City Chicago State IL Zip Code 60628 Purpose of Disbursement Polling (Jackson) Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.11426 Date of Disbursement 03 / 21 / 2006 Amount of Each Disbursement this Period 80.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
---	--	--

C. Angelia Roberts Watkins Full Name (Last, First, Middle Initial) Mailing Address 1241 E. 98th Street City Chicago State IL Zip Code 60628 Purpose of Disbursement Polling - Phone Bank (Jackson) Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.11428 Date of Disbursement 03 / 21 / 2006 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 [MEMO ITEM]
--	--	---

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. Rev. Stanley Watkins		Transaction ID: SB17.10934 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6
Mailing Address 1241 East 98th Street		Amount of Each Disbursement this Period 22.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Chicago State IL Zip Code 60628		
Purpose of Disbursement Parking Candidate Name	002 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Rev. Stanley Watkins		Transaction ID: SB17.10935 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6
Mailing Address 1241 East 98th Street		Amount of Each Disbursement this Period 50.87 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Chicago State IL Zip Code 60628		
Purpose of Disbursement Lunch Meeting Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Rev. Stanley Watkins		Transaction ID: SB17.11458 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 5 / 2 0 0 6
Mailing Address 1241 East 98th Street		Amount of Each Disbursement this Period 1018.49 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Chicago State IL Zip Code 60628		
Purpose of Disbursement Printing Candidate Name	006 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1018.49
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. Rev. Stanley Watkins		Transaction ID: SB17.11272 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 6	
Mailing Address 1241 East 98th Street		Amount of Each Disbursement this Period 1510.00	
City Chicago State IL Zip Code 60628	Purpose of Disbursement MONIES FOR OUTSIDE HELP	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 004		
Office Sought: <input type="checkbox"/> House <input 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. Rev. Stanley Watkins		Transaction ID: SB17.11340 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6	
Mailing Address 1241 East 98th Street		Amount of Each Disbursement this Period 3440.00	
City Chicago State IL Zip Code 60628	Purpose of Disbursement SALARY	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 001		
Office Sought: <input type="checkbox"/> House <input 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. Rev. Stanley Watkins		Transaction ID: SB17.11387 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6	
Mailing Address 1241 East 98th Street		Amount of Each Disbursement this Period 3440.00	
City Chicago State IL Zip Code 60628	Purpose of Disbursement SALARY	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 001		
Office Sought: <input type="checkbox"/> House <input 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) ▶	8390.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. Isaac Young		Transaction ID: SB17.11312 Date of Disbursement 03 / 13 / 2006	
Mailing Address 1802 Jemble		Amount of Each Disbursement this Period 150.00	
City South Bend State IN Zip Code 46613	Purpose of Disbursement Post Signage - (Jackson) Candidate Name	004 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) ▼		

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. Isaac Young		Transaction ID: SB17.11433 Date of Disbursement 03 / 21 / 2006	
Mailing Address 1802 Jemble		Amount of Each Disbursement this Period 150.00	
City South Bend State IN Zip Code 46613	Purpose of Disbursement Post Signage (Jackson) Candidate Name	004 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) ▼		

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. Isaac Young		Transaction ID: SB17.11434 Date of Disbursement 03 / 21 / 2006	
Mailing Address 1802 Jemble		Amount of Each Disbursement this Period 150.00	
City South Bend State IN Zip Code 46613	Purpose of Disbursement Post signage (Jackson) Candidate Name	004 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) ▼		

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

<p>A. Full Name (Last, First, Middle Initial) Jamall Young</p>		<p>Transaction ID: SB17.11313 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> </p>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		1	3		2	0	0	6														
<p>Mailing Address 1802 Kemble Ave.</p>		<p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>150.00</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] </p>		150.00																			
150.00																							
<p>City South Bend State IN Zip Code 46613</p>	<p>Purpose of Disbursement Post Signage (Jackson) Candidate Name</p>	<p>004 Category/Type</p>																					
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																						

<p>B. Full Name (Last, First, Middle Initial) Jamall Young</p>		<p>Transaction ID: SB17.11349 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> </p>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	6		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		1	6		2	0	0	6														
<p>Mailing Address 1802 Kemble Ave.</p>		<p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>175.00</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] </p>		175.00																			
175.00																							
<p>City South Bend State IN Zip Code 46613</p>	<p>Purpose of Disbursement PUT UP SIGNAGE(Underwood) Candidate Name</p>	<p>004 Category/Type</p>																					
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																						

<p>C. Full Name (Last, First, Middle Initial) Jamall Young</p>		<p>Transaction ID: SB17.11350 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> </p>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	6		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		1	6		2	0	0	6														
<p>Mailing Address 1802 Kemble Ave.</p>		<p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>175.00</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] </p>		175.00																			
175.00																							
<p>City South Bend State IN Zip Code 46613</p>	<p>Purpose of Disbursement PUT UP SIGNAGE(Underwood) Candidate Name</p>	<p>004 Category/Type</p>																					
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																						

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>0.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p>199292.16</p>

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input 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

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

NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. 16th Ward Regular Democratic Organization		Transaction ID: SB21.11371 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 6
Mailing Address 1249 West 63rd Street		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Chicago State IL Zip Code 60600	Purpose of Disbursement CONTRIBUTION 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 011

Full Name (Last, First, Middle Initial) B. 17th Ward Democratic Organization		Transaction ID: SB21.11378 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 6
Mailing Address 7811 S. Racine Ave.		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Chicago State IL Zip Code 60600	Purpose of Disbursement CONTRIBUTION 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 011

Full Name (Last, First, Middle Initial) C. 20th Ward Regular Democratic Organization		Transaction ID: SB21.11377 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 6
Mailing Address 5859 S. State Street		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Chicago State IL Zip Code 60621	Purpose of Disbursement Contribution 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 011

SUBTOTAL of Disbursements This Page (optional) ▶	1500.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. 3rd Ward Democratic Orgnization		Transaction ID: SB21.11372 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 6
Mailing Address 4645 S. M. L. King Drive		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Chicago State IL Zip Code 60615	Purpose of Disbursement CONTRIBUTION Candidate Name Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Citizens for Sharon Latiker		Transaction ID: SB21.11324 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6
Mailing Address Not Available		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 Chicago State IL Zip Code 60600	Purpose of Disbursement Contribution Candidate Name Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Committee to Elect Howard Brookins		Transaction ID: SB21.11375 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 6
Mailing Address 9612 S. Halsted		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Chicago State IL Zip Code 60600	Purpose of Disbursement contribution Candidate Name Category/Type 011	
Office Sought: <input type="checkbox"/> House <input 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) ▶	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)

PAGE 75 / 82

<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

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

NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial)
A. New 6th Ward Democrats

Transaction ID: SB21.11373

Date of Disbursement

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

Mailing Address 406 East 75th Street

City State Zip Code
Chicago IL 60619

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

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

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)	500.00
TOTAL This Period (last page this line number only)	8000.00

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
 CITIZENS FOR RUSH

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Amber, Inn	Nature of Debt (Purpose): Space Rental
Mailing Address 3901 S. Michigan Avenue	
City State ZIP Code Chicago IL 60653	

Outstanding Balance Beginning This Period 1300.00	Transaction ID: SD10.2928	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1300.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Apostolic Faith Church	Nature of Debt (Purpose): Refund
Mailing Address 3823 S. Indiana Ave.	
City State ZIP Code Chicago IL 60653	

Outstanding Balance Beginning This Period 500.00	Transaction ID: SD10.457	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Asselta & Company	Nature of Debt (Purpose): Fundraising Fee & Expenses
Mailing Address 226 Morgan Avenue	
City State ZIP Code Collingswood NJ 08108	

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD10.11453	
Amount Incurred This Period 6252.79	Payment This Period 0.00	Outstanding Balance at Close of This Period 6252.79

1) SUBTOTALS This Period This Page (optional).....	8052.79
2) TOTALS This Period (last page this line number only).....	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
 CITIZENS FOR RUSH

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor A T & T	Nature of Debt (Purpose): LONG DISTANCE
Mailing Address Bill Payment Center	
City State ZIP Code Chicago IL 60600	

Outstanding Balance Beginning This Period 1318.61	Transaction ID: SD10.2909	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1318.61

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Leah Bloomenthal	Nature of Debt (Purpose): Office Supplies
Mailing Address 6325 N. Sheridan	
City State ZIP Code Chicago IL 60647	

Outstanding Balance Beginning This Period 62.40	Transaction ID: SD10.458	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 62.40

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Chubb Group Insurance Companies	Nature of Debt (Purpose): Insurance
Mailing Address 30 N. LaSalle Suite 3510	
City State ZIP Code Chicago IL 60602	

Outstanding Balance Beginning This Period 1910.00	Transaction ID: SD10.2924	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1910.00

1) SUBTOTALS This Period This Page (optional).....	3291.01
2) TOTALS This Period (last page this line number only).....	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Citizens for Gary Lapille	Nature of Debt (Purpose): Refund
Mailing Address P.O. Box 64665	
City State ZIP Code Chicago IL 60664-1664	

Outstanding Balance Beginning This Period 2000.00	Transaction ID: SD10.459	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor ComEd	Nature of Debt (Purpose): Electricity
Mailing Address Bill Payment Center	
City State ZIP Code Chicago IL 60600	

Outstanding Balance Beginning This Period 9.96	Transaction ID: SD10.8787	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 9.96

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Grainger Terry, Inc.	Nature of Debt (Purpose): Printing & Mailing
Mailing Address 1965 W. Pershing Road Building A, 3rd Floor	
City State ZIP Code Chicago IL 60609	

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD10.11451	
Amount Incurred This Period 11890.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 11890.00

1) SUBTOTALS This Period This Page (optional).....	13899.96
2) TOTALS This Period (last page this line number only).....	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Charisse Hodges	Nature of Debt (Purpose): Salary
Mailing Address 3348 S. Giles Ave.	
City State ZIP Code Chicago IL 60616	

Outstanding Balance Beginning This Period 850.00	Transaction ID: SD10.460	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 850.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor James Biery Communications	Nature of Debt (Purpose): Public Relations Fee
Mailing Address 435 W. Wisconsin	
City State ZIP Code Chicago IL 60614	

Outstanding Balance Beginning This Period 1000.00	Transaction ID: SD10.461	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Lori Ann Bass & Associates	Nature of Debt (Purpose): Fundraising Fee
Mailing Address 730 N. Franklin	
City State ZIP Code Chicago IL 60611	

Outstanding Balance Beginning This Period 94.54	Transaction ID: SD10.462	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 94.54

1) SUBTOTALS This Period This Page (optional).....	▶	1944.54
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
 CITIZENS FOR RUSH

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Gil N. McCoy	Nature of Debt (Purpose): Refund
Mailing Address 5210 S. Blackstone	
City State ZIP Code Chicago IL 60615	

Outstanding Balance Beginning This Period 1000.00	Transaction ID: SD10.451	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor People's Energy	Nature of Debt (Purpose): Heating Fuel
Mailing Address Bill Payment Center	
City State ZIP Code Chicago IL 60600	

Outstanding Balance Beginning This Period 1403.92	Transaction ID: SD10.8788	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1403.92

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Progressive Land Developers	Nature of Debt (Purpose): Office Rent
Mailing Address 7801 S. Cottage Grove	
City State ZIP Code Chicago IL 60619	

Outstanding Balance Beginning This Period 1400.00	Transaction ID: SD10.452	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1400.00

1) SUBTOTALS This Period This Page (optional).....	3803.92
2) TOTALS This Period (last page this line number only).....	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
 CITIZENS FOR RUSH

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Feldman Group, Inc	Nature of Debt (Purpose): Photocopying & Vendor Charge
Mailing Address 508-510 8th Street, SE	
City State ZIP Code Washington DC 20003	

Outstanding Balance Beginning This Period <input type="text" value="752.72"/>	Transaction ID: SD10.11452	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="752.72"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Trib-Co Construction	Nature of Debt (Purpose): Refund
Mailing Address 500 West Monroe	
City State ZIP Code Chicago IL 60661	

Outstanding Balance Beginning This Period <input type="text" value="300.00"/>	Transaction ID: SD10.453	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="300.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Trilla Stell Drum Corp.	Nature of Debt (Purpose): Refund
Mailing Address 2959 West 47th Street	
City State ZIP Code Chicago IL 60632	

Outstanding Balance Beginning This Period <input type="text" value="200.00"/>	Transaction ID: SD10.454	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="200.00"/>

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="1252.72"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
 CITIZENS FOR RUSH

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Vision, Health Mgmt Systems			Nature of Debt (Purpose): REfund
Mailing Address 2838 S. Indiana			
City State ZIP Code Chicago IL 60616			

Outstanding Balance Beginning This Period 250.00		Transaction ID: SD10.455	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 250.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Robert Wright			Nature of Debt (Purpose): Salary
Mailing Address 1212 S. Michigan			
City State ZIP Code Chicago IL 60609			

Outstanding Balance Beginning This Period 3000.00		Transaction ID: SD10.456	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3000.00	

1) SUBTOTALS This Period This Page (optional).....	▶	3250.00
2) TOTALS This Period (last page this line number only).....	▶	35494.94
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	