

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

Kirk For Congress

ADDRESS (number and street) P.O. Box 8

Check if different than previously reported. (ACC)

Winnetka IL 60093

2. **FEC IDENTIFICATION NUMBER** C00350785

**CITY** STATE ZIP CODE STATE DISTRICT

IL 10

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

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

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

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

Convention (12C)  Special (12S)

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

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

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

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

5. Covering Period 11 25 2008 through 12 31 2008

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

Type or Print Name of Treasurer Luke F. Praxmarer

Signature of Treasurer Electronically Filed by Luke F. Praxmarer Date 04 15 2009

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

Kirk For Congress

Report Covering the Period: From: 

M	M
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	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)).....	7751.00	11481.00
(b) Total Contribution Refunds (from Line 20(d)).....	13200.00	13200.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	-5449.00	-1719.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	128574.18	175585.09
(b) Total Offsets to Operating Expenditures (from Line 14).....	7442.78	7442.78
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	121131.40	168142.31
8. Cash on Hand at Close of Reporting Period (from Line 27).....	79868.36	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**For further information contact:**

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name  
Kirk For Congress

Report Covering the Period: From: 

M	M
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees	4500.00	5500.00
(i) Itemized (use Schedule A).....	251.00	981.00
(ii) Unitemized.....	4751.00	6481.00
(iii) TOTAL of contributions from individuals..... ▶	0.00	0.00
(b) Political Party Committees.....	3000.00	5000.00
(c) Other Political Committees (such as PACS).....	0.00	0.00
(d) The Candidate.....	7751.00	11481.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))		
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....</b>	0.00	0.00
<b>13. LOANS</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....</b>	7442.78	7442.78
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	99.00	677.52
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	15292.78	19601.30

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	128574.18	175585.09
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	5000.00	5000.00
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.....	13200.00	13200.00
(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)).....	13200.00	13200.00
21. OTHER DISBURSEMENTS.....	0.00	400.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	146774.18	194185.09

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	211349.76
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	15292.78
25. SUBTOTAL (add Line 23 and Line 24).....	226642.54
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	146774.18
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	79868.36

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

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

FOR LINE NUMBER: PAGE 5 / 40  
(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)  
Kirk For Congress

**A.** Full Name (Last, First, Middle Initial)  
Americans for the Arts Action Fund PAC  
 Mailing Address 1000 Vermont Ave NW FI 6  
 City State Zip Code  
 Washington DC 20005-4940  
 FEC ID number of contributing federal political committee. **C** C00410126  
 Name of Employer Occupation  
 Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 2 2 / 2 0 0 8  
**Transaction ID:** 90108.C28644  
 Amount of Each Receipt this Period  
 500.00  
 Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
IUPAT-Political Action Together  
 Mailing Address 1750 New York Avenue NW  
 City State Zip Code  
 Washington DC 20066  
 FEC ID number of contributing federal political committee. **C** C00000885  
 Name of Employer Occupation  
 Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
 General 2008  
 Election Cycle-to-Date ▼  
 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 0 8 / 2 0 0 8  
**Transaction ID:** 1222200847C28639  
 Amount of Each Receipt this Period  
 2500.00  
 Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>3000.00</b>

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

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

FOR LINE NUMBER: PAGE 6 / 40  
(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)  
Kirk For Congress

**A.** Full Name (Last, First, Middle Initial)  
Marguerite Burke

Mailing Address 8S201 College Rd

City Naperville State IL Zip Code 60540-9400

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

Name of Employer None Occupation Homemaker

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼  
 General 2008

Election Cycle-to-Date ▼ 500.00

Date of Receipt 12 / 02 / 2008  
**Transaction ID:** 81203.C28627

Amount of Each Receipt this Period 500.00

Reattribution Memo  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
 Reattribution from Spouse

**B.** Full Name (Last, First, Middle Initial)  
Niranjan Choksi

Mailing Address 4149 166th St

City Oak Forest State IL Zip Code 60452-4626

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

Name of Employer Ou Bar Mechanic, Inc. Occupation Contractor

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 12 / 04 / 2008  
**Transaction ID:** 81204.C28632

Amount of Each Receipt this Period 500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Thomas Dickinson

Mailing Address 816 South St

City Geneva State IL Zip Code 60134-2530

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

Name of Employer MD Capital Occupation Investments

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 12 / 09 / 2008  
**Transaction ID:** 1222200847C28642

Amount of Each Receipt this Period 500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1000.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 40
	<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)  
Kirk For Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Silas Keehn		Date of Receipt MM / DD / YYYY 12 / 16 / 2008
	Mailing Address 360 Green Bay Rd Apt 2A Unit 2A		Transaction ID: 90108.C28652
	City Winnetka	State IL	Zip Code 60093-4032
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
	Name of Employer Information Requested Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Election Cycle-to-Date ▼ 250.00	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>B.</b>	Full Name (Last, First, Middle Initial) Douglas Korn		Date of Receipt MM / DD / YYYY 11 / 25 / 2008
	Mailing Address 111 Valley Dr		Transaction ID: 90128.C28671
	City Greenwich	State CT	Zip Code 06831
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
	Name of Employer Information Requested Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Investment Banker Election Cycle-to-Date ▼ 1000.00	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>C.</b>	Full Name (Last, First, Middle Initial) Donald Miller		Date of Receipt MM / DD / YYYY 12 / 08 / 2008
	Mailing Address 588 Round Hill Rd		Transaction ID: 1222200847C28640
	City Greenwich	State CT	Zip Code 06831-2724
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
	Name of Employer Information Requested Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Asset Management Election Cycle-to-Date ▼ 1000.00	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 / 40
	(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)  
Kirk For Congress

**A.**

Full Name (Last, First, Middle Initial) James Ohara		Date of Receipt MM / DD / YYYY 12 / 12 / 2008
Mailing Address 1034 Ash Street		Transaction ID: 90128.C28672
City Winnetka	State IL	Zip Code 60093
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Extended Data Solutions	Occupation Partner	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

**B.**

Full Name (Last, First, Middle Initial) Peter Orthwein		Date of Receipt MM / DD / YYYY 12 / 12 / 2008
Mailing Address 154 Guards Rd		Transaction ID: 90108.C28653
City Greenwich	State CT	Zip Code 06831-2737
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Information Requested	Occupation Information Requested	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	4500.00



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 40  
(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)  
Kirk For Congress

**A.** Full Name (Last, First, Middle Initial)  
AT&T Political Accounts  
Mailing Address 1600 Old Skokie Rd  
City Highland Park State IL Zip Code 60035-2350  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
General 2008  
Election Cycle-to-Date ▼ 1945.01  
Date of Receipt 12 / 22 / 2008  
Transaction ID: 90108.C28645  
Amount of Each Receipt this Period 1945.01  
Offsets to Operating Expenditure  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
AT&T Political Accounts  
Mailing Address 1600 Old Skokie Rd  
City Highland Park State IL Zip Code 60035-2350  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
General 2008  
Election Cycle-to-Date ▼ 3505.28  
Date of Receipt 12 / 22 / 2008  
Transaction ID: 90108.C28646  
Amount of Each Receipt this Period 1560.27  
Offsets to Operating Expenditure  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Extended Data Solutions, Inc.  
Mailing Address 500 N. Michigan Avenue, Ste. 300  
City Chicago State IL Zip Code 60611-  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
General 2008  
Election Cycle-to-Date ▼ 3937.20  
Date of Receipt 12 / 09 / 2008  
Transaction ID: 1222200847C28643  
Amount of Each Receipt this Period 3937.20  
Offsets to Operating Expenditure  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 7442.48  
**TOTAL** This Period (last page this line number only) ..... ► 7442.48

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 40	
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
		<input type="checkbox"/> 11d
		<input type="checkbox"/> 14
		<input checked="" 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)  
Kirk For Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) North Shore Community Bank & Trust		Date of Receipt
	Mailing Address 1145 Wilmette Ave.		<input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Wilmette	IL	60091-
	FEC ID number of contributing federal political committee.		Transaction ID: 90108.C28649
	<input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer		Occupation	<input type="text" value="99.00"/>
Receipt For: 2010		Election Cycle-to-Date ▼	Other Receipt
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="text" value="677.52"/>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="99.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="99.00"/>

# 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)  
Kirk For Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) 1-800- Conference Mailing Address P.O. Box 95537 City Chicago State IL Zip Code 60694- Purpose of Disbursement Conference Calls 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) ▼	<b>Transaction ID:</b> 81204.E7114 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 0 4 / 2 0 0 8	Amount of Each Disbursement this Period 510.14 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>CONFERENCE CALLS</b>
<b>B.</b>	Full Name (Last, First, Middle Initial) 1-800- Conference Mailing Address P.O. Box 95537 City Chicago State IL Zip Code 60694- Purpose of Disbursement Conference Calls 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) ▼	<b>Transaction ID:</b> 90108.E7179 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 8	Amount of Each Disbursement this Period 301.68 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>CONFERENCE CALLS</b>
<b>C.</b>	Full Name (Last, First, Middle Initial) AlphaGraphics Mailing Address 1848 Waukegan Rd. City Glenview State IL Zip Code 60025- Purpose of Disbursement Printing 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) ▼	<b>Transaction ID:</b> 81202.E7096 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 8	Amount of Each Disbursement this Period 8019.34 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>PRINTING</b>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

8831.16

**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)  
Kirk For Congress

A.	Full Name (Last, First, Middle Initial) Aristotle Publishing	Transaction ID: 1222200848E7126
	Mailing Address 205 Pennsylvania Ave., SE	Date of Disbursement MM / DD / YYYY 12 / 09 / 2008
	City Washington State DC Zip Code 20003-1164	Amount of Each Disbursement this Period 1500.00
	Purpose of Disbursement Software	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		SOFTWARE

B.	Full Name (Last, First, Middle Initial) AT&T Mobility	Transaction ID: 81203.E7101
	Mailing Address PO Box 6463	Date of Disbursement MM / DD / YYYY 12 / 02 / 2008
	City Carol Stream State IL Zip Code 60197-6463	Amount of Each Disbursement this Period 962.60
	Purpose of Disbursement Telephone	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		TELEPHONE

C.	Full Name (Last, First, Middle Initial) AT&T Political Accounts	Transaction ID: 1222200848E7132
	Mailing Address 1600 Old Skokie Rd	Date of Disbursement MM / DD / YYYY 12 / 12 / 2008
	City Highland Park State IL Zip Code 60035-2350	Amount of Each Disbursement this Period 96.40
	Purpose of Disbursement Telephone	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		TELEPHONE

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	2559.00
<b>TOTAL</b> 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)  
Kirk For Congress

A.

Full Name (Last, First, Middle Initial)  
AT&T Political Accounts

Transaction ID: 90108.E7178  
Date of Disbursement

Mailing Address 1600 Old Skokie Rd

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	8

City Highland Park State IL Zip Code 60035-2350

Amount of Each Disbursement this Period

617.70
--------

Purpose of Disbursement Telephone

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

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

TELEPHONE

State: District:

B.

Full Name (Last, First, Middle Initial)  
Bankcard Service

Transaction ID: 90128.E7229  
Date of Disbursement

Mailing Address 5701 Lindero Canyon Rd Bldg 3

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

City Thousand Oaks State CA Zip Code 91362-4060

Amount of Each Disbursement this Period

392.48
--------

Purpose of Disbursement Transaction Fees

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

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

TRANSACTION FEES

State: District:

C.

Full Name (Last, First, Middle Initial)  
Bengston Building Co

Transaction ID: 81201.E7060  
Date of Disbursement

Mailing Address 412 Blackbery Ln

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

City Woodstock State IL Zip Code 60098-

Amount of Each Disbursement this Period

3900.00
---------

Purpose of Disbursement Rent

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

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

RENT

State: District:

SUBTOTAL of Disbursements This Page (optional) .....

4910.18
---------

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

--

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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)  
Kirk For Congress

A.	Full Name (Last, First, Middle Initial) Bengston Building Co	Transaction ID: 90108.E7169
	Mailing Address 412 Blackbery Ln	Date of Disbursement 12 / 22 / 2008
	City Woodstock State IL Zip Code 60098-	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement Rent	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		RENT

B.	Full Name (Last, First, Middle Initial) Berkson and Sons	Transaction ID: 90108.E7181
	Mailing Address 333 Skokie Blvd Ste 111	Date of Disbursement 12 / 31 / 2008
	City Northbrook State IL Zip Code 60062-1623	Amount of Each Disbursement this Period 1800.00
	Purpose of Disbursement Rent	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		RENT

C.	Full Name (Last, First, Middle Initial) Cardmember Service	Transaction ID: 1222200848E7155
	Mailing Address PO Box 790408	Date of Disbursement 12 / 15 / 2008
	City St. Louis State MO Zip Code 64179-0408	Amount of Each Disbursement this Period 15691.72
	Purpose of Disbursement See Below	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		SEE BELOW

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	19491.72
<b>TOTAL</b> 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)  
Kirk For Congress

A.

Full Name (Last, First, Middle Initial)  
CDW Computer Centers

Mailing Address Milwaukee Road

City State Zip Code  
Vernon Hills IL 60061-

Purpose of Disbursement  
Computer Equipment

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 1222200848E7158  
Date of Disbursement

<sup>M</sup>	<sup>M</sup>	/	<sup>D</sup>	<sup>D</sup>	/	<sup>Y</sup>	<sup>Y</sup>	<sup>Y</sup>	<sup>Y</sup>
1	2		1	5		2	0	0	8

Amount of Each Disbursement this Period

155.51

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

[MEMO ITEM]

MEMO: COMPUTER EQUIPMENT

B.

Full Name (Last, First, Middle Initial)  
AMMs Limousine Service

Mailing Address 5509 N Cumberland Ave

City State Zip Code  
Chicago IL 60656-4747

Purpose of Disbursement  
Event Transportation

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 1222200848E7161  
Date of Disbursement

<sup>M</sup>	<sup>M</sup>	/	<sup>D</sup>	<sup>D</sup>	/	<sup>Y</sup>	<sup>Y</sup>	<sup>Y</sup>	<sup>Y</sup>
1	2		1	5		2	0	0	8

Amount of Each Disbursement this Period

418.14

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

[MEMO ITEM]

MEMO: EVENT TRANSPORTATION

C.

Full Name (Last, First, Middle Initial)  
Coopers Hawk Winery & Restaurant

Mailing Address 583 N Milwaukee Ave

City State Zip Code  
Wheeling IL 60090-3021

Purpose of Disbursement  
Event Catering

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 1222200848E7159  
Date of Disbursement

<sup>M</sup>	<sup>M</sup>	/	<sup>D</sup>	<sup>D</sup>	/	<sup>Y</sup>	<sup>Y</sup>	<sup>Y</sup>	<sup>Y</sup>
1	2		1	5		2	0	0	8

Amount of Each Disbursement this Period

421.04

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

[MEMO ITEM]

MEMO: EVENT CATERING

SUBTOTAL of Disbursements This Page (optional) ..... ▶

0.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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)  
Kirk For Congress

A.

Full Name (Last, First, Middle Initial)  
Extended Stay Hotels

Mailing Address 215 N Milwaukee Ave

City State Zip Code  
Vernon Hills IL 60061-4304

Purpose of Disbursement  
Lodging Expense

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 1222200848E7164

Date of Disbursement

12 / 15 / 2008

Amount of Each Disbursement this Period

347.97

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

[MEMO ITEM]

MEMO: LODGING EXPENSE

B.

Full Name (Last, First, Middle Initial)  
FedEx

Mailing Address P.O. Box 727

City State Zip Code  
Memphis TN 38194-

Purpose of Disbursement  
Shipping

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 1222200848E7156

Date of Disbursement

12 / 15 / 2008

Amount of Each Disbursement this Period

82.10

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

[MEMO ITEM]

MEMO: SHIPPING

C.

Full Name (Last, First, Middle Initial)  
Office Depot

Mailing Address 2722 Green Bay Rd.

City State Zip Code  
Evanston IL 60201-

Purpose of Disbursement  
Office Supplies

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 1222200848E7157

Date of Disbursement

12 / 15 / 2008

Amount of Each Disbursement this Period

8.20

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

[MEMO ITEM]

MEMO: OFFICE SUPPLIES

SUBTOTAL of Disbursements This Page (optional) .....

0.00

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



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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)  
Kirk For Congress

A.	Full Name (Last, First, Middle Initial) US Airways	Transaction ID: 1222200848E7162
	Mailing Address 2345 Crystal Drive	Date of Disbursement 12 / 15 / 2008
	City Arlington State VA Zip Code 22227-	Amount of Each Disbursement this Period 489.00
	Purpose of Disbursement Travel Expense	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	<b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSE
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) United Airlines	Transaction ID: 1222200848E7160
	Mailing Address 150 N Michigan Ave	Date of Disbursement 12 / 15 / 2008
	City Chicago State IL Zip Code 60601-7553	Amount of Each Disbursement this Period 1327.51
	Purpose of Disbursement Travel Expense	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	<b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSE
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: 1222200848E7163
	Mailing Address 777 Big Timber Road	Date of Disbursement 12 / 15 / 2008
	City Elgin State IL Zip Code 60123-	Amount of Each Disbursement this Period 122.34
	Purpose of Disbursement Telephone	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	<b>[MEMO ITEM]</b> MEMO: TELEPHONE
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> 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)  
Kirk For Congress

A.	Full Name (Last, First, Middle Initial) Westin Chicago North Shore	Transaction ID: 1222200848E7165 Date of Disbursement 12 / 15 / 2008
	Mailing Address 601 N Milwaukee Ave	Amount of Each Disbursement this Period 11936.07
	City Wheeling State IL Zip Code 60090-3023	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Event Facility Rental	<b>[MEMO ITEM]</b> MEMO: EVENT FACILITY RENT-AL
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) CBeyond	Transaction ID: 90108.E7182 Date of Disbursement 12 / 31 / 2008
	Mailing Address 320 Interstate North Pkwy SE Ste 3	Amount of Each Disbursement this Period 1078.58
	City Atlanta State GA Zip Code 30339-2205	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Telephone	TELEPHONE
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) ComEd	Transaction ID: 81203.E7104 Date of Disbursement 12 / 02 / 2008
	Mailing Address Bill Payment Center	Amount of Each Disbursement this Period 302.31
	City Chicago State IL Zip Code 60668-0001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Utilities	UTILITIES
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1380.89</b>
<b>TOTAL</b> 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 19 / 40

<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)  
Kirk For Congress

A.

Full Name (Last, First, Middle Initial)  
ComEd

Transaction ID: 81203.E7105  
Date of Disbursement

Mailing Address Bill Payment Center

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

City Chicago State IL Zip Code 60668-0001

Amount of Each Disbursement this Period

1058.63
---------

Purpose of Disbursement  
Utilities

--

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

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

UTILITIES

State: District:

B.

Full Name (Last, First, Middle Initial)  
ComEd

Transaction ID: 1222200848E7118  
Date of Disbursement

Mailing Address Bill Payment Center

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

City Chicago State IL Zip Code 60668-0001

Amount of Each Disbursement this Period

150.00
--------

Purpose of Disbursement  
Utilities

--

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

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

UTILITIES

State: District:

C.

Full Name (Last, First, Middle Initial)  
ComEd

Transaction ID: 90108.E7180  
Date of Disbursement

Mailing Address Bill Payment Center

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	8

City Chicago State IL Zip Code 60668-0001

Amount of Each Disbursement this Period

39.76
-------

Purpose of Disbursement  
Utilities

--

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

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

UTILITIES

State: District:

SUBTOTAL of Disbursements This Page (optional) .....

1248.39
---------

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 20 / 40

17     18     19a     19b  
 20a     20b     20c     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)  
Kirk For Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>DIRECTV</b>			<b>Transaction ID:</b> 1222200848E7152 Date of Disbursement 12 / 18 / 2008		
	Mailing Address <b>PO Box 60036</b>			Amount of Each Disbursement this Period <b>69.98</b>		
	City <b>Los Angeles</b>	State <b>CA</b>	Zip Code <b>90060-0036</b>	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>TELEVISION</b>		
	Purpose of Disbursement Television		Category/ Type			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State:    District:						
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>Caryn Eggeraat</b>			<b>Transaction ID:</b> 1222200848E7147 Date of Disbursement 12 / 18 / 2008		
	Mailing Address <b>3701 Connecticut Ave NW Apt 404</b>			Amount of Each Disbursement this Period <b>726.82</b>		
	City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20008-4504</b>	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>SEE BELOW</b>		
	Purpose of Disbursement See Below		Category/ Type			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State:    District:						
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>Hertz Rent-a-Car</b>			<b>Transaction ID:</b> 1222200848E7151 Date of Disbursement 12 / 18 / 2008		
	Mailing Address <b>OHare International Airport</b>			Amount of Each Disbursement this Period <b>116.84</b>		
	City <b>Chicago</b>	State <b>IL</b>	Zip Code <b>60604-</b>	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>[MEMO ITEM]</b> <b>MEMO: CAR RENTAL</b>		
	Purpose of Disbursement Car Rental		Category/ Type			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State:    District:						

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**796.80**

**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)  
Kirk For Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Marriott Hotel Mailing Address 2 Parkway N City Deerfield State IL Zip Code 60015-2544 Purpose of Disbursement Travel Expense 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: 1222200848E7150 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 8 / 2 0 0 8
	Amount of Each Disbursement this Period 202.33
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	<b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSE
	Category/ Type

<b>B.</b> Full Name (Last, First, Middle Initial) United Airlines Mailing Address 150 N Michigan Ave City Chicago State IL Zip Code 60601-7553 Purpose of Disbursement Travel 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) ▼	Transaction ID: 1222200848E7148 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 8 / 2 0 0 8
	Amount of Each Disbursement this Period 215.00
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	<b>[MEMO ITEM]</b> MEMO: TRAVEL CHARGE
	Category/ Type

<b>C.</b> Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address 777 Big Timber Road City Elgin State IL Zip Code 60123- Purpose of Disbursement Telephone 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: 1222200848E7149 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 8 / 2 0 0 8
	Amount of Each Disbursement this Period 166.95
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	<b>[MEMO ITEM]</b> MEMO: TELEPHONE
	Category/ Type

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

**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)  
Kirk For Congress

A.	Full Name (Last, First, Middle Initial) Eric Elk	Transaction ID: 81203.E7097 Date of Disbursement 12 / 02 / 2008
	Mailing Address PO Box 701	Amount of Each Disbursement this Period 935.32
	City Northbrook State IL Zip Code 60065-0701	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement See Below Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type
		SEE BELOW

B.	Full Name (Last, First, Middle Initial) Mortons	Transaction ID: 81203.E7098 Date of Disbursement 12 / 02 / 2008
	Mailing Address 699 Skokie Blvd	Amount of Each Disbursement this Period 935.32
	City Northbrook State IL Zip Code 60062-2804	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Meeting Expense 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
		[MEMO ITEM] MEMO: MEETING EXPENSE

C.	Full Name (Last, First, Middle Initial) Nate Frenkel	Transaction ID: 1222200848E7124 Date of Disbursement 12 / 09 / 2008
	Mailing Address 876 Winchester Ln	Amount of Each Disbursement this Period 225.00
	City Northbrook State IL Zip Code 60062-3300	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Field Consulting 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
		FIELD CONSULTING

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1160.32
<b>TOTAL</b> 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)  
Kirk For Congress

A.	Full Name (Last, First, Middle Initial) Caryn Garber  Mailing Address 601 Mulberry PI #2D  City Highland Park State IL Zip Code 60035-  Purpose of Disbursement Bonus 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: 81201.E7057 Date of Disbursement 11 / 28 / 2008  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  BONUS
B.	Full Name (Last, First, Middle Initial) Carole Goeas & Associates  Mailing Address 1707 Prince St Apt 5  City Alexandria State VA Zip Code 22314-2804  Purpose of Disbursement Fundraising Consultant 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: 81203.E7102 Date of Disbursement 12 / 02 / 2008  Amount of Each Disbursement this Period 3492.20  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  FUNDRAISING CONSULTANT
C.	Full Name (Last, First, Middle Initial) Carole Goeas & Associates  Mailing Address 1707 Prince St Apt 5  City Alexandria State VA Zip Code 22314-2804  Purpose of Disbursement Fundraising Consultant 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: 1222200848E7130 Date of Disbursement 12 / 10 / 2008  Amount of Each Disbursement this Period 2500.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  FUNDRAISING CONSULTANT

SUBTOTAL of Disbursements This Page (optional) ..... ▶

35992.20

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 24 / 40

<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)  
Kirk For Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Kristian Gustafson		<b>Transaction ID:</b> 1222200848E7123 Date of Disbursement 12 / 09 / 2008	
	Mailing Address 933 W Park Ave		Amount of Each Disbursement this Period 225.00	
City Libertyville State IL Zip Code 60048-2548		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
Purpose of Disbursement Field Consulting 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) ▼		
		FIELD CONSULTING		

<b>B.</b>	Full Name (Last, First, Middle Initial) Illinois Dept Of Revenue		<b>Transaction ID:</b> 81201.E7055 Date of Disbursement 11 / 28 / 2008	
	Mailing Address P. O. Box 19045		Amount of Each Disbursement this Period 242.00	
City Springfield State IL Zip Code 62794-9447		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
Purpose of Disbursement Taxes Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
		TAXES		

<b>C.</b>	Full Name (Last, First, Middle Initial) Illinois Dept Of Revenue		<b>Transaction ID:</b> 1222200848E7138 Date of Disbursement 12 / 12 / 2008	
	Mailing Address P. O. Box 19045		Amount of Each Disbursement this Period 142.50	
City Springfield State IL Zip Code 62794-9447		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
Purpose of Disbursement Taxes Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
		TAXES		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>609.50</b>
<b>TOTAL</b> 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)  
Kirk For Congress

**A.**

Full Name (Last, First, Middle Initial)  
Illinois Dept Of Revenue

Mailing Address P. O. Box 19045

City Springfield State IL Zip Code 62794-9447

Purpose of Disbursement Taxes

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 1222200848E7139  
Date of Disbursement 12 / 12 / 2008

Amount of Each Disbursement this Period 600.00

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

TAXES

**B.**

Full Name (Last, First, Middle Initial)  
IRS

Mailing Address 230 S. Dearborn

City Chicago State IL Zip Code 60604-

Purpose of Disbursement Taxes

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 81203.E7109  
Date of Disbursement 11 / 28 / 2008

Amount of Each Disbursement this Period 1772.60

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

TAXES

**C.**

Full Name (Last, First, Middle Initial)  
IRS

Mailing Address 230 S. Dearborn

City Chicago State IL Zip Code 60604-

Purpose of Disbursement Taxes

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 81201.E7056  
Date of Disbursement 11 / 28 / 2008

Amount of Each Disbursement this Period 992.65

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

TAXES

SUBTOTAL of Disbursements This Page (optional) .....

3365.25

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

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

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

FOR LINE NUMBER: (check only one)

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

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)  
Kirk For Congress

A.	Full Name (Last, First, Middle Initial) IRS	Transaction ID: 1222200848E7140
	Mailing Address 230 S. Dearborn	Date of Disbursement 12 / 12 / 2008
	City Chicago State IL Zip Code 60604-	Amount of Each Disbursement this Period 992.65
	Purpose of Disbursement Taxes	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		TAXES

B.	Full Name (Last, First, Middle Initial) IRS	Transaction ID: 90108.E7184
	Mailing Address 230 S. Dearborn	Date of Disbursement 12 / 30 / 2008
	City Chicago State IL Zip Code 60604-	Amount of Each Disbursement this Period 992.65
	Purpose of Disbursement Taxes	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		TAXES

C.	Full Name (Last, First, Middle Initial) Robert Johnson	Transaction ID: 1222200848E7119
	Mailing Address 1733 Sequoia Trl	Date of Disbursement 12 / 09 / 2008
	City Glenview State IL Zip Code 60025-2022	Amount of Each Disbursement this Period 225.00
	Purpose of Disbursement Field Consulting	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		FIELD CONSULTING

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	2210.30
<b>TOTAL</b> 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)  
Kirk For Congress

A.	Full Name (Last, First, Middle Initial) Robert Johnson  Mailing Address 1733 Sequoia Trl  City Glenview State IL Zip Code 60025-2022  Purpose of Disbursement Reimbursement for Office Supplies Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 1222200848E7154 Date of Disbursement 12 / 18 / 2008  Amount of Each Disbursement this Period 46.62  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  REIMBURSEMENT FOR OFFICE SUPPLIES
B.	Full Name (Last, First, Middle Initial) Sara Karlovics  Mailing Address 4973 Carriage Dr  City Gurnee State IL Zip Code 60031-1925  Purpose of Disbursement Salary Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90108.E7183 Date of Disbursement 11 / 26 / 2008  Amount of Each Disbursement this Period 3467.40  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  SALARY
C.	Full Name (Last, First, Middle Initial) Sara Karlovics  Mailing Address 4973 Carriage Dr  City Gurnee State IL Zip Code 60031-1925  Purpose of Disbursement Salary Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81201.E7054 Date of Disbursement 11 / 28 / 2008  Amount of Each Disbursement this Period 1764.27  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  SALARY

SUBTOTAL of Disbursements This Page (optional) ..... ▶

5278.29

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)  
Kirk For Congress

A.	Full Name (Last, First, Middle Initial) Sara Karlovics Mailing Address 4973 Carriage Dr City Gurnee State IL Zip Code 60031-1925 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 1222200848E7137 Date of Disbursement 12 / 15 / 2008 Amount of Each Disbursement this Period 1764.27 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SALARY
B.	Full Name (Last, First, Middle Initial) Samuel Keeley Mailing Address 546 Lyon Drive City Buffalo Grove State IL Zip Code 60089-1045 Purpose of Disbursement Website Hosting 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: 90108.E7168 Date of Disbursement 12 / 22 / 2008 Amount of Each Disbursement this Period 2100.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 WEBSITE HOSTING
C.	Full Name (Last, First, Middle Initial) Judy Kirk Mailing Address 306 Main St. City Evanston State IL Zip Code 60202- Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81201.E7053 Date of Disbursement 11 / 28 / 2008 Amount of Each Disbursement this Period 390.08 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SALARY

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4254.35
<b>TOTAL</b> 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)  
Kirk For Congress

A.	Full Name (Last, First, Middle Initial) Judy Kirk  Mailing Address 306 Main St.  City Evanston State IL Zip Code 60202-  Purpose of Disbursement Salary Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 1222200848E7136 Date of Disbursement 12 / 15 / 2008  Amount of Each Disbursement this Period 390.08  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  SALARY
B.	Full Name (Last, First, Middle Initial) Korzenowski Design, Inc.  Mailing Address 266 W. Lake Street  City Elmhurst State IL Zip Code 60126-  Purpose of Disbursement Postage 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: 81201.E7059 Date of Disbursement 11 / 25 / 2008  Amount of Each Disbursement this Period 4500.33  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  POSTAGE
C.	Full Name (Last, First, Middle Initial) Korzenowski Design, Inc.  Mailing Address 266 W. Lake Street  City Elmhurst State IL Zip Code 60126-  Purpose of Disbursement Direct Marketing 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: 90108.E7170 Date of Disbursement 12 / 22 / 2008  Amount of Each Disbursement this Period 11430.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  DIRECT MARKETING

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

16320.41

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

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

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

FOR LINE NUMBER:  
(check only one)

<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)  
Kirk For Congress

A.

Full Name (Last, First, Middle Initial)  
Christian Lopez

Transaction ID: 122200848E7121  
Date of Disbursement

Mailing Address 725 W Busse Ave

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

City State Zip Code  
Mount Prospect IL 60056-3067

Amount of Each Disbursement this Period

Purpose of Disbursement  
Field Consulting

225.00
--------

Candidate Name

Category/  
Type

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) ▼

FIELD CONSULTING

State: District:

B.

Full Name (Last, First, Middle Initial)  
Philippe Melin

Transaction ID: 122200848E7125  
Date of Disbursement

Mailing Address 6641 N. Greenview Drive

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

City State Zip Code  
Chicago IL 60626-

Amount of Each Disbursement this Period

Purpose of Disbursement  
Field Consulting

225.00
--------

Candidate Name

Category/  
Type

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) ▼

FIELD CONSULTING

State: District:

C.

Full Name (Last, First, Middle Initial)  
Lester E. Munson, III

Transaction ID: 122200848E7146  
Date of Disbursement

Mailing Address 2013 Swan Terrace

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

City State Zip Code  
Alexandria VA 22307-

Amount of Each Disbursement this Period

Purpose of Disbursement  
Reimbursement for Travel

632.00
--------

Candidate Name

Category/  
Type

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) ▼

REIMBURSEMENT FOR TRAVEL

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

1082.00
---------

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)  
Kirk For Congress

A.	Full Name (Last, First, Middle Initial) North Shore Community Bank & Trust	Transaction ID: 81203.E7108 Date of Disbursement 11 / 28 / 2008
	Mailing Address 1145 Wilmette Ave.	Amount of Each Disbursement this Period 38.00
	City Wilmette State IL Zip Code 60091-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Bank Fees Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		<b>BANK FEES</b>

B.	Full Name (Last, First, Middle Initial) North Shore Community Bank & Trust	Transaction ID: 90108.E7185 Date of Disbursement 12 / 03 / 2008
	Mailing Address 1145 Wilmette Ave.	Amount of Each Disbursement this Period 10.00
	City Wilmette State IL Zip Code 60091-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Bank Fees Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		<b>BANK FEES</b>

C.	Full Name (Last, First, Middle Initial) Office Plus	Transaction ID: 81203.E7100 Date of Disbursement 12 / 02 / 2008
	Mailing Address 1428 W Glen Flora Ave	Amount of Each Disbursement this Period 327.19
	City Waukegan State IL Zip Code 60085-1717	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Office Supplies Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		<b>OFFICE SUPPLIES</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>375.19</b>
<b>TOTAL</b> 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)  
Kirk For Congress

A.	Full Name (Last, First, Middle Initial) Patton Boggs, LLP	Transaction ID: 81203.E7099 Date of Disbursement 12 / 02 / 2008
	Mailing Address 2550 M St NW	Amount of Each Disbursement this Period 8023.99
	City Washington State DC Zip Code 20037-1301	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Legal Fees Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		LEGAL FEES

B.	Full Name (Last, First, Middle Initial) Praxair	Transaction ID: 81203.E7107 Date of Disbursement 12 / 02 / 2008
	Mailing Address 39 Old Ridgebury Rd	Amount of Each Disbursement this Period 52.20
	City Danbury State CT Zip Code 06810-5108	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Advertising Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		ADVERTISING

C.	Full Name (Last, First, Middle Initial) Praxair	Transaction ID: 90108.E7171 Date of Disbursement 12 / 22 / 2008
	Mailing Address 39 Old Ridgebury Rd	Amount of Each Disbursement this Period 82.48
	City Danbury State CT Zip Code 06810-5108	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Advertising Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		ADVERTISING

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>8158.67</b>
<b>TOTAL</b> 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)  
Kirk For Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Professional Data Services <hr/> Mailing Address 264 N. Lumpkin Street, #202 <hr/> City Athens State GA Zip Code 30601- <hr/> Purpose of Disbursement Compliance Consulting Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81203.E7103 Date of Disbursement 12 / 02 / 2008 <hr/> Amount of Each Disbursement this Period 1536.54 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 COMPLIANCE CONSULTING
<b>B.</b>	Full Name (Last, First, Middle Initial) Professional Data Services <hr/> Mailing Address 264 N. Lumpkin Street, #202 <hr/> City Athens State GA Zip Code 30601- <hr/> Purpose of Disbursement Compliance Consulting Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90108.E7177 Date of Disbursement 12 / 29 / 2008 <hr/> Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 COMPLIANCE CONSULTING
<b>C.</b>	Full Name (Last, First, Middle Initial) Quill Corp. <hr/> Mailing Address P.O. Box 94081 <hr/> City Palatine State IL Zip Code 60094- <hr/> Purpose of Disbursement Office Equipment Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 1222200848E7153 Date of Disbursement 12 / 18 / 2008 <hr/> Amount of Each Disbursement this Period 192.59 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 OFFICE EQUIPMENT

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**3729.13**

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

.....

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)  
Kirk For Congress

A.

Full Name (Last, First, Middle Initial)  
John Skalla

Transaction ID: 1222200848E7122  
Date of Disbursement

Mailing Address 156 Fuller Ln

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

City Winnetka State IL Zip Code 60093-4213

Amount of Each Disbursement this Period

225.00
--------

Purpose of Disbursement

Field Consulting

--

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

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

FIELD CONSULTING

State: District:

B.

Full Name (Last, First, Middle Initial)  
Tele Town Meeting

Transaction ID: 90108.E7166  
Date of Disbursement

Mailing Address P.O. Box 3327

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

City Washington State DC Zip Code 20001-

Amount of Each Disbursement this Period

2982.31
---------

Purpose of Disbursement

Conference Calls

--

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

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

CONFERENCE CALLS

State: District:

C.

Full Name (Last, First, Middle Initial)  
Tele Town Meeting

Transaction ID: 90108.E7167  
Date of Disbursement

Mailing Address P.O. Box 3327

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

City Washington State DC Zip Code 20001-

Amount of Each Disbursement this Period

2559.56
---------

Purpose of Disbursement

Conference Calls

--

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

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

CONFERENCE CALLS

State: District:

SUBTOTAL of Disbursements This Page (optional) ..... ▶

5766.87
---------

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)  
Kirk For Congress

A.	Full Name (Last, First, Middle Initial) Stacy Zabrin		Transaction ID: 1222200848E7120	
	Mailing Address 600 Dunsten Cir		Date of Disbursement 12 / 09 / 2008	
	City Winnetka	State IL	Zip Code 60093-	Amount of Each Disbursement this Period 225.00
	Purpose of Disbursement Field Consulting		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		FIELD CONSULTING
	State:	District:		

SUBTOTAL of Disbursements This Page (optional) .....

225.00

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

127745.62

**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 / 40

<input type="checkbox"/>	17	<input checked="" 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)  
Kirk For Congress

A.

Full Name (Last, First, Middle Initial)  
Illinois Republican Party

Transaction ID: 1222200848E7145

Date of Disbursement

Mailing Address 205 W Randolph St Ste 1245

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	7		2	0	0	8

City State Zip Code  
Chicago IL 60606-1815

Amount of Each Disbursement this Period

5000.00
---------

Purpose of Disbursement  
Transfer of Excess Campaign Funds

--

Category/  
Type

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

Candidate Name  
ILLINOIS REPUBLICAN PARTY

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ..... ►

5000.00
---------

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

5000.00
---------

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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)  
Kirk For Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Frank Considine</p> <p>Mailing Address 140 Thorn Tree Lane</p> <p>City Winnetka State IL Zip Code 60093-</p> <p>Purpose of Disbursement Refund of Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ General 2008</p>	<p><b>Transaction ID:</b> 90108.E7172</p> <p>Date of Disbursement 12 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 2300.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Sue Dickes</p> <p>Mailing Address 505 Hoyt Lane</p> <p>City Winnetka State IL Zip Code 60093-</p> <p>Purpose of Disbursement Refund of Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ General 2008</p>	<p><b>Transaction ID:</b> 90108.E7175</p> <p>Date of Disbursement 12 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 700.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) M. Shan Erbs</p> <p>Mailing Address 4302 Olde Indian Creek Lane</p> <p>City Long Grove State IL Zip Code 60047-</p> <p>Purpose of Disbursement Refund of Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ General 2008</p>	<p><b>Transaction ID:</b> 90108.E7176</p> <p>Date of Disbursement 12 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

4000.00

**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 checked="" 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)  
Kirk For Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Marc Kasowitz <hr/> Mailing Address 1633 Broadway <hr/> City New York State NY Zip Code 10019-6738 <hr/> Purpose of Disbursement Refund of Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ General 2008	Transaction ID: 1222200848E7143 Date of Disbursement MM / DD / YYYY 12 / 12 / 2008
	Amount of Each Disbursement this Period 2300.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) Douglas Korn <hr/> Mailing Address 111 Valley Dr <hr/> City Greenwich State CT Zip Code 06831- <hr/> Purpose of Disbursement Refund of Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ General 2008	Transaction ID: 90128.E7218 Date of Disbursement MM / DD / YYYY 11 / 25 / 2008
	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
<b>C.</b> Full Name (Last, First, Middle Initial) Kay Litherland <hr/> Mailing Address 1357 Village Dr <hr/> City Arlington Heights State IL Zip Code 60004-4676 <hr/> Purpose of Disbursement Refund of Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ General 2008	Transaction ID: 81203.E7106 Date of Disbursement MM / DD / YYYY 12 / 02 / 2008
	Amount of Each Disbursement this Period 700.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

4000.00

**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 checked="" 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)  
Kirk For Congress

A.	Full Name (Last, First, Middle Initial) Kay Litherland	Transaction ID: 1222200848E7142
	Mailing Address 1357 Village Dr	Date of Disbursement 12 / 12 / 2008
	City Arlington Heights State IL Zip Code 60004-4676	Amount of Each Disbursement this Period 300.00
	Purpose of Disbursement Refund of Contribution 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:	Category/Type 010
	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ General 2008	

B.	Full Name (Last, First, Middle Initial) Marc Sacks	Transaction ID: 90108.E7173
	Mailing Address 595 Wicklow Road	Date of Disbursement 12 / 20 / 2008
	City Deerfield State IL Zip Code 60015-	Amount of Each Disbursement this Period 2300.00
	Purpose of Disbursement Refund of Contribution 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:	Category/Type 010
	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ General 2008	

C.	Full Name (Last, First, Middle Initial) Seth Siegel	Transaction ID: 90128.E7220
	Mailing Address 300 Central Park West	Date of Disbursement 11 / 25 / 2008
	City New York State NY Zip Code 10024-1513	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Refund of Contribution 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:	Category/Type 010
	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ General 2008	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3600.00</b>
<b>TOTAL</b> 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 40 / 40

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

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)  
Kirk For Congress

A.

Full Name (Last, First, Middle Initial)  
Morton Skolnik

Mailing Address 861 Timber Hill Rd

City Highland Park State IL Zip Code 60035-

Purpose of Disbursement  
Refund of Contribution  
Candidate Name

010  
Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼  
General 2008

Transaction ID: 1222200848E7144  
Date of Disbursement

12 / 12 / 2008

Amount of Each Disbursement this Period

400.00

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

B.

Full Name (Last, First, Middle Initial)  
Barry Volpert

Mailing Address 48 E 92nd St

City New York State NY Zip Code 10128-1316

Purpose of Disbursement  
Refund of Contribution  
Candidate Name

010  
Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼  
General 2008

Transaction ID: 90128.E7219  
Date of Disbursement

11 / 25 / 2008

Amount of Each Disbursement this Period

1000.00

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

SUBTOTAL of Disbursements This Page (optional) .....

1400.00

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

13000.00