



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Family-Pac Federal

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date										
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="height: 20px;"> </td></tr></table>		<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: right;">42.47</td></tr></table>	42.47
Y	Y	Y	Y									
2	0	0	7									
42.47												
(b) Cash on Hand at Beginning of Reporting Period .....	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: right;">42.47</td></tr></table>	42.47										
42.47												
(c) Total Receipts (from Line 19) .....	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: right;">12126.00</td></tr></table>	12126.00	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: right;">12126.00</td></tr></table>	12126.00								
12126.00												
12126.00												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: right;">12168.47</td></tr></table>	12168.47	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: right;">12168.47</td></tr></table>	12168.47								
12168.47												
12168.47												
7. Total Disbursements (from Line 31) .....	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: right;">11164.40</td></tr></table>	11164.40	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: right;">11164.40</td></tr></table>	11164.40								
11164.40												
11164.40												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: right;">1004.07</td></tr></table>	1004.07	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: right;">1004.07</td></tr></table>	1004.07								
1004.07												
1004.07												
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: right;">0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: right;">0.00</td></tr></table>	0.00										
0.00												

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**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  
Family-Pac Federal

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	7650.00	7650.00
(i) Itemized (use Schedule A) .....	3276.00	3276.00
(ii) Unitemized .....	10926.00	10926.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	1200.00	1200.00
(c) Other Political Committees (such as PACs) .....	12126.00	12126.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....		
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	12126.00	12126.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	12126.00	12126.00

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	9914.40	9914.40
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	9914.40	9914.40
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1250.00	1250.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	11164.40	11164.40
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11164.40	11164.40

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	12126.00	12126.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	12126.00	12126.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	9914.40	9914.40
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	9914.40	9914.40

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 16  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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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)  
Family-Pac Federal

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Richard Baker

Mailing Address 329 E. Franklin

City State Zip Code  
Wheaton IL 60187

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

Name of Employer Occupation  
Mauck and Baker Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
11 / 19 / 2007

**Transaction ID:** SA11AI.4165

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Eugene Carter

Mailing Address 21 Park Lane

City State Zip Code  
Park Ridge IL 60068

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

Name of Employer Occupation  
Park Ridge Bank Banker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
MM / DD / YYYY  
09 / 15 / 2007

**Transaction ID:** SA11AI.4178

Amount of Each Receipt this Period  
1500.00

**C.**

Full Name (Last, First, Middle Initial)  
Eugene Carter

Mailing Address 21 Park Lane

City State Zip Code  
Park Ridge IL 60068

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

Name of Employer Occupation  
Park Ridge Bank Banker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
MM / DD / YYYY  
10 / 19 / 2007

**Transaction ID:** SA11AI.4175

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3000.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 16		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)  
Family-Pac Federal

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. J. Kevin Costello	Date of Receipt MM / DD / YYYY 11 / 19 / 2007
	Mailing Address 600 N. Dearborn Unit 1401	<b>Transaction ID:</b> SA11AI.4164
	City State Zip Code Chicago IL 60610	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Homerun Inn Restaurant Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. J.P. Economos D.D.S., P.C. & Associates	Date of Receipt MM / DD / YYYY 11 / 19 / 2007
	Mailing Address 106 Bartlett Ave.	<b>Transaction ID:</b> SA11AI.4154
	City State Zip Code Bartlett IL 60103	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. James R. Jennings	Date of Receipt MM / DD / YYYY 11 / 13 / 2007
	Mailing Address 1220 Oakwood Ln.	<b>Transaction ID:</b> SA11AI.4157
	City State Zip Code Glenview IL 60025	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation Jennings Chevrolet Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1650.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 8 / 16  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Family-Pac Federal

**A.** Full Name (Last, First, Middle Initial)  
John William Mauck, Sr.  
 Mailing Address 1 N. LaSalle St.  
Ste. 600  
 City Chicago State IL Zip Code 60602  
 Date of Receipt MM / DD / YYYY  
11 / 19 / 2007  
**Transaction ID:** SA11AI.4167  
 Amount of Each Receipt this Period 500.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Mauck and Baker Occupation Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. John T. McEnroe  
 Mailing Address 222 N. LaSalle St.  
Ste. 2600  
 City Chicago State IL Zip Code 60601  
 Date of Receipt MM / DD / YYYY  
10 / 18 / 2007  
**Transaction ID:** SA11AI.4176  
 Amount of Each Receipt this Period 1000.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Price, Veddor Occupation Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. John B. Powers  
 Mailing Address 500 Maple Ave.  
 City Wilmette State IL Zip Code 60091  
 Date of Receipt MM / DD / YYYY  
11 / 18 / 2007  
**Transaction ID:** SA11AI.4161  
 Amount of Each Receipt this Period 1000.00  
 Contribution  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Occupation Inventor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 9 / 16	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Family-Pac Federal

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Charles L. Strobeck		Date of Receipt																					
	Mailing Address 642 Maplewood Dr.		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>2</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	2	4	/	2	0	0	7
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	1	/	2	4	/	2	0	0	7														
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.4151																				
	Wheaton	IL	60187	Amount of Each Receipt this Period																				
FEC ID number of contributing federal political committee.		C	500.00																					
Name of Employer Strobeck Realty		Occupation Realtor	Contribution																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	500.00																					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	500.00
<b>TOTAL</b> This Period (last page this line number only) .....	7650.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 16
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Family-Pac Federal

**A.**

Full Name (Last, First, Middle Initial)  
Citizens for Watson

Mailing Address P.O. Box 391

City Greenville State IL Zip Code 62246

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 10 / 25 / 2007  
**Transaction ID: SA11C.4250**  
 Amount of Each Receipt this Period: 1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Citizens to Elect Harry R. Ramey

Mailing Address 935 Glenlake

City Carol Stream State IL Zip Code 60188

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt: 11 / 05 / 2007  
**Transaction ID: SA11C.4249**  
 Amount of Each Receipt this Period: 200.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1200.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	1200.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 11 / 16

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Family-Pac Federal

A.	Full Name (Last, First, Middle Initial) Alshrief Limousine	Transaction ID: SB21B.4221 Date of Disbursement 12 / 10 / 2007
	Mailing Address N/A	
	City Chicago State IL Zip Code	Amount of Each Disbursement this Period 216.00
	Purpose of Disbursement Transportation for Tom DeLay Event	Category/ Type
	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.	Full Name (Last, First, Middle Initial) Ambassador Speaker Bureau	Transaction ID: SB21B.4223 Date of Disbursement 10 / 24 / 2007
	Mailing Address 1107 Battlewood Street	
	City Franklin State TN Zip Code 37069	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Honorarium Tom DeLay	Category/ Type
	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) ▼

C.	Full Name (Last, First, Middle Initial) Brittany DeLaCruz	Transaction ID: SB21B.4212 Date of Disbursement 10 / 15 / 2007
	Mailing Address 366 Springmist Ct.	
	City Bolingbrook State IL Zip Code 60440	Amount of Each Disbursement this Period 250.00
	Purpose of Disbursement Computer Consulting Fees	Category/ Type
	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>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1466.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Family-Pac Federal

<p><b>A.</b> Full Name (Last, First, Middle Initial) Brittany DeLaCruz</p> <p>Mailing Address 366 Springmist Ct.</p> <p>City Bolingbrook State IL Zip Code 60440</p> <p>Purpose of Disbursement Computer Consulting Fees</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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.4215</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="914.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) First Principles</p> <p>Mailing Address 1012 Pennsylvania Ave. SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Honorarium Tom DeLay</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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.4224</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="4000.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Office Depot</p> <p>Mailing Address 352 W. Grand Ave.</p> <p>City Chicago State IL Zip Code 60610</p> <p>Purpose of Disbursement Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.4211</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="87.18"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="5001.18"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Family-Pac Federal

A.

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

Mailing Address 352 W. Grand Ave.

City Chicago State IL Zip Code 60610

Purpose of Disbursement  
Office Depot

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.4219  
Date of Disbursement

11 / 21 / 2007

Amount of Each Disbursement this Period

87.18

B.

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

Mailing Address 352 W. Grand Ave.

City Chicago State IL Zip Code 60610

Purpose of Disbursement  
Office Depot

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.4220  
Date of Disbursement

12 / 04 / 2007

Amount of Each Disbursement this Period

86.06

C.

Full Name (Last, First, Middle Initial)  
Paul Caprio and Associates

Mailing Address 414 N. Orleans  
Suite 312

City Chicago State IL Zip Code 60610

Purpose of Disbursement  
Consulting

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.4213  
Date of Disbursement

10 / 24 / 2007

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) ▶

2173.24

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 14 / 16

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Family-Pac Federal

A.	Full Name (Last, First, Middle Initial) Paul Caprio and Associates	Transaction ID: SB21B.4214 Date of Disbursement
	Mailing Address 414 N. Orleans Suite 312	<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
	City Chicago State IL Zip Code 60610	Amount of Each Disbursement this Period
	Purpose of Disbursement Consulting	<input type="text" value="100.00"/>
	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) Paul Caprio and Associates	Transaction ID: SB21B.4216 Date of Disbursement
	Mailing Address 414 N. Orleans Suite 312	<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2007"/>
	City Chicago State IL Zip Code 60610	Amount of Each Disbursement this Period
	Purpose of Disbursement Consulting	<input type="text" value="50.00"/>
	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) Paul Caprio and Associates	Transaction ID: SB21B.4217 Date of Disbursement
	Mailing Address 414 N. Orleans Suite 312	<input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2007"/>
	City Chicago State IL Zip Code 60610	Amount of Each Disbursement this Period
	Purpose of Disbursement Consulting	<input type="text" value="100.00"/>
	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) .....	<input type="text" value="250.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 15 / 16

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

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NAME OF COMMITTEE (In Full)  
Family-Pac Federal

A.

Full Name (Last, First, Middle Initial)  
Paul Caprio and Associates

Transaction ID: SB21B.4218

Date of Disbursement

Mailing Address 414 N. Orleans  
Suite 312

<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	1		1	6		2	0	0	7

City State Zip Code  
Chicago IL 60610

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement  
Consulting

--

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

500.00

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

9390.42

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 16 / 16

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Family-Pac Federal

A.

Full Name (Last, First, Middle Initial)  
Greenberg for Congress

Transaction ID: SB23.4241  
Date of Disbursement

Mailing Address P.O. Box 894

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	3		2	0	0	7

City State Zip Code  
Mundelein IL 60060

Amount of Each Disbursement this Period

250.00
--------

Purpose of Disbursement  
Contribution

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2007  
 Primary  General  
 Other (specify) ▼

State: IL District: 08

B.

Full Name (Last, First, Middle Initial)  
Lauzen For Congress

Transaction ID: SB23.4242  
Date of Disbursement

Mailing Address 955 Oak Street

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

City State Zip Code  
North Aurora IL 60542

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
Contribution

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2007  
 Primary  General  
 Other (specify) ▼

State: IL District: 14

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

1250.00
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TOTAL This Period (last page this line number only) ..... ►

1250.00
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