

**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

Oberweis for Congress

ADDRESS (number and street)
▼

335 N River Road Ste 203

☐Check if different
than previously
reported. (ACC)

Batavia

IL

60510

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C00436642

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)

IL

14

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

02

05

2008

in the
State of

IL

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

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

10

01

2007

through

01

16

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

Sharon Martin

Signature of Treasurer

Electronically Filed by Sharon Martin

Date

05

05

2008

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

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Oberweis for Congress

Report Covering the Period:

From:

M M
1 0D D
0 1Y Y Y Y
2 0 0 7

To:

M M
0 1D D
1 6Y 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)).....	286950.85	408267.37
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	286950.85	408267.37
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	1403950.04	1644986.70
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	1403950.04	1644986.70
8. Cash on Hand at Close of Reporting Period (from Line 27).....	396975.75	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	1640000.00	

For further information contact:

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name
Oberweis for Congress

Report Covering the Period:

From:

M M
1 0D D
0 1Y Y Y Y
2 0 0 7

To:

M M
0 1D D
1 6Y Y Y Y
2 0 0 8**I. RECEIPTS****COLUMN A**
Total This Period**COLUMN B**
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than
Political Committees

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

187467.40

279417.40

(ii) Unitemized.....

50496.11

52696.11

(iii) TOTAL of contributions

from individuals..... ▶

237963.51

332113.51

(b) Political Party Committees.....

4500.00

4500.00

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

16180.00

16180.00

(d) The Candidate.....

28307.34

55473.86

(e) TOTAL CONTRIBUTIONS

(other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))

286950.85

408267.37

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES.....

0.00

0.00

13. LOANS

(a) Made or Guaranteed by the
Candidate.....

1340000.00

1640000.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

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

1340000.00

1640000.00

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

0.00

0.00

15. OTHER RECEIPTS

(Dividends, Interest, etc.).....

1089.86

1845.08

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

1628040.71

2050112.45

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	1403950.04	1644986.70
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	6020.00	8150.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	1409970.04	1653136.70

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	178905.08
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	1628040.71
25. SUBTOTAL (add Line 23 and Line 24).....	1806945.79
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	1409970.04
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	396975.75

CONSOLIDATED REPORT OF GROSS RECEIPTS FOR AUTHORIZED COMMITTEES (11 CFR 104.19)
(Millionaires' Amendment)

Name of Candidate JAMES D OBERWEIS		Candidate ID Number H8IL14083												
Name of Principal Campaign Committee Oberweis for Congress		Committee ID Number C C00436642												
Committee Address 335 N River Road Ste 203														
City Batavia	State IL	ZIP 60510												
Report Covering Period (check one) <input type="checkbox"/> through June 30, or <input checked="" type="checkbox"/> through December 31 of the year preceding the year of the general election														
<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 35%;"></th><th style="width: 30%; text-align: center;">Primary</th><th style="width: 35%; text-align: center;">General</th></tr></thead><tbody><tr><td style="padding: 5px;">1. Gross receipts of authorized committees</td><td style="text-align: right; padding: 5px;">1237497.79</td><td style="text-align: right; padding: 5px;">0.00</td></tr><tr><td style="padding: 5px;">2. Aggregate amount of contributions from personal funds of the candidate</td><td style="text-align: right; padding: 5px;">977166.50</td><td style="text-align: right; padding: 5px;">0.00</td></tr><tr><td style="padding: 5px;">3. Gross receipts minus the candidate's personal contributions</td><td style="text-align: right; padding: 5px;">260331.29</td><td style="text-align: right; padding: 5px;">0.00</td></tr></tbody></table>				Primary	General	1. Gross receipts of authorized committees	1237497.79	0.00	2. Aggregate amount of contributions from personal funds of the candidate	977166.50	0.00	3. Gross receipts minus the candidate's personal contributions	260331.29	0.00
	Primary	General												
1. Gross receipts of authorized committees	1237497.79	0.00												
2. Aggregate amount of contributions from personal funds of the candidate	977166.50	0.00												
3. Gross receipts minus the candidate's personal contributions	260331.29	0.00												

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

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

FOR LINE NUMBER: PAGE 6 / 204

(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)

Oberweis for Congress

A.

Full Name (Last, First, Middle Initial)

Jerry Alderman

Mailing Address 4N963 Birchdale Ct

City

St. Charles

State

IL

Zip Code

60175

FEC ID number of contributing
federal political committee.

C

Name of Employer
Exogen

Occupation

Management Consultant

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.6119

Amount of Each Receipt this Period

1000.00

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

B.

Full Name (Last, First, Middle Initial)

Charles Allen

Mailing Address 156 Woodstock Ave

City

Kenilworth

State

IL

Zip Code

60043

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sloan Valve Co

Occupation

Executive

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.5231

Amount of Each Receipt this Period

1000.00

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

C.

Full Name (Last, First, Middle Initial)

James Arpaia

Mailing Address 1005 Royal Bombay Ct

City

Naperville

State

IL

Zip Code

60563

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vedder Price

Occupation

investment services

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.4960

Amount of Each Receipt this Period

1000.00

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

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 7 / 204

(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)

Oberweis for Congress

A.

Full Name (Last, First, Middle Initial)

Gary Baise

Mailing Address 2201 Great Falls St

City

Falls Church

State

VA

Zip Code

22043

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kilpatrick Stockton LLP

Occupation
attorney

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.5535

Amount of Each Receipt this Period

1000.00

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

B.

Full Name (Last, First, Middle Initial)

E.M Bakwin

Mailing Address 433 W US Highway

City

La Port

State

IN

Zip Code

46350

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation
retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.5692

Amount of Each Receipt this Period

1000.00

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

C.

Full Name (Last, First, Middle Initial)

Christopher Barber

Mailing Address 1520 N Dearborn Parkway

City

Chicago

State

IL

Zip Code

60610

FEC ID number of contributing
federal political committee.

C

Name of Employer
Steptoe & Johnson

Occupation
Attorney

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 6 / 2 0 0 7

Transaction ID: SA11AI.5227

Amount of Each Receipt this Period

2300.00

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

SUBTOTAL of Receipts This Page (optional)

4300.00

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: PAGE 8 / 204

(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)

Oberweis for Congress

A.

Full Name (Last, First, Middle Initial)

Robert Boey

Mailing Address 320 Windsor Dr

City

Dekalb

State

IL

Zip Code

60115

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Bare Conductor

Occupation

Executive

Receipt For: 2008

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.5377

Amount of Each Receipt this Period

500.00

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

Full Name (Last, First, Middle Initial)

David Braser

Mailing Address 31 Kensington Cir, Apt 301

City

Wheaton

State

IL

Zip Code

60187

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oberweis Asset Management

Occupation

bond trader

Receipt For: 2008

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.5556

Amount of Each Receipt this Period

1000.00

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

Full Name (Last, First, Middle Initial)

Joanna Brdecka

Mailing Address 2259 Sable Oaks Dr

City

Naperville

State

IL

Zip Code

60564

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arbor Premium Finance Inc

Occupation

Finance

Receipt For: 2008

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	4	/	2	0	0	8

Transaction ID: SA11AI.5874

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)**SUBTOTAL** of Receipts This Page (optional)

2500.00

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: PAGE 9 / 204

(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)

Oberweis for Congress

A.

Full Name (Last, First, Middle Initial)

Daniel Brown

Mailing Address 920 Michigan Ave

City

Chicago

State

IL

Zip Code

60202

FEC ID number of contributing
federal political committee.

C

Name of Employer
Creative Health Capital

Occupation

Investment Banker

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.4942

Amount of Each Receipt this Period

500.00

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

B.

Full Name (Last, First, Middle Initial)

Robert Buford

Mailing Address 1333 N Kingsbury Ste 301

City

Chicago

State

IL

Zip Code

60622

FEC ID number of contributing
federal political committee.

C

Name of Employer
Planned Realty Group

Occupation

owner

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 5 / 2 0 0 7

Transaction ID: SA11AI.5451

Amount of Each Receipt this Period

2300.00

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

C.

Full Name (Last, First, Middle Initial)

Allan Bulley III

Mailing Address 1320 N State Pkwy, #8D

City

Chicago

State

IL

Zip Code

60610

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bulley & Andrews

Occupation

Builder

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.5262

Amount of Each Receipt this Period

500.00

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

SUBTOTAL of Receipts This Page (optional)

3300.00

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: PAGE 10 / 204

(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)

Oberweis for Congress

A.

Full Name (Last, First, Middle Initial)

Mark Cannon

Mailing Address 548 Wayland Ave

City

Kenilworth

State

IL

Zip Code

60043

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employedOccupation
dentist

Receipt For: 2008

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	6		2	0	0	7

Transaction ID: SA11AI.5694

Amount of Each Receipt this Period

1000.00

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

Full Name (Last, First, Middle Initial)

Julie Carr

Mailing Address 6038 - 9th St North

City

Arlington

State

VA

Zip Code

22205

FEC ID number of contributing
federal political committee.

C

Name of Employer
Clark & WeinstockOccupation
consultant

Receipt For: 2008

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.5338

Amount of Each Receipt this Period

500.00

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

Full Name (Last, First, Middle Initial)

Jack Caveney

Mailing Address 17301 Ridgeland Ave

City

Tinley Park

State

IL

Zip Code

60477

FEC ID number of contributing
federal political committee.

C

Name of Employer
Panduit CorpOccupation
Director of Technology

Receipt For: 2008

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	0	7

Transaction ID: SA11AI.5699

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)
SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 11 / 204

(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)

Oberweis for Congress

A.

Full Name (Last, First, Middle Initial)

John Churillo

Mailing Address 26 W 091 Quail Run Dr

City

Wheaton

State

IL

Zip Code

60187

FEC ID number of contributing
federal political committee.

C

Name of Employer
Extra Value Liquor

Occupation
owner

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.6169

Amount of Each Receipt this Period

250.00

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

B.

Full Name (Last, First, Middle Initial)

Janet Clark

Mailing Address PO Box 83

City

New Buffalo

State

MI

Zip Code

49117

FEC ID number of contributing
federal political committee.

C

Name of Employer
Michigan Thyme

Occupation
Executive

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 6 / 2 0 0 7

Transaction ID: SA11AI.5279

Amount of Each Receipt this Period

1000.00

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

C.

Full Name (Last, First, Middle Initial)

Douglas Cook

Mailing Address 805 Sumac Ln

City

Winnetka

State

IL

Zip Code

60093

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Business owner

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

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

Transaction ID: SA11AI.5020

Amount of Each Receipt this Period

2300.00

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

SUBTOTAL of Receipts This Page (optional)

3550.00

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: PAGE 12 / 204

(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)

Oberweis for Congress

A.

Full Name (Last, First, Middle Initial)

Dave Covas

Mailing Address 6 S 150 Cohasset Rd

City

Naperville

State

IL

Zip Code

60540

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oberweis Securities

Occupation

portfolio manager

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.5870

Amount of Each Receipt this Period

500.00

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

B.

Full Name (Last, First, Middle Initial)

Paul Creatura

Mailing Address 1432 Asbury

City

Winnetka

State

IL

Zip Code

60093

FEC ID number of contributing
federal political committee.

C

Name of Employer
HSBC

Occupation

Financial Services

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 4 / 2 0 0 7

Transaction ID: SA11AI.5256

Amount of Each Receipt this Period

250.00

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

C.

Full Name (Last, First, Middle Initial)

W.C. Croft

Mailing Address 2150 Parkes Dr

City

Broadview

State

IL

Zip Code

60153

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation

retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.5696

Amount of Each Receipt this Period

250.00

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

SUBTOTAL of Receipts This Page (optional)

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: PAGE 13 / 204

(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)

Oberweis for Congress

A.

Full Name (Last, First, Middle Initial)

Amy Cuniffe

Mailing Address 6123 Beachway Dr

City

Falls Church

State

VA

Zip Code

22041

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advamed

Occupation

Vice-President

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.5417

Amount of Each Receipt this Period

1000.00

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

B.

Full Name (Last, First, Middle Initial)

Joseph Cuniffe, Jr.

Mailing Address 6123 Beachway Drive

City

Falls Church

State

VA

Zip Code

22041

FEC ID number of contributing
federal political committee.

C

Name of Employer
Quinn Gillespie & Associa-
tes

Occupation

consultant

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.5415

Amount of Each Receipt this Period

1000.00

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

C.

Full Name (Last, First, Middle Initial)

Paul Darley

Mailing Address 252 May St

City

Elmhurst

State

IL

Zip Code

60126

FEC ID number of contributing
federal political committee.

C

Name of Employer
W.S. Darley & Co

Occupation

Pres/CEO

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.5440

Amount of Each Receipt this Period

1000.00

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

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 14 / 204

(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)

Oberweis for Congress

A.

Full Name (Last, First, Middle Initial)

Katherine Dedrick

Mailing Address 568 N Washington St

City

Hinsdale

State

IL

Zip Code

60521

FEC ID number of contributing
federal political committee.

C

Name of Employer
Childress Duffy Goldblatt

Occupation
attorney

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.6125

Amount of Each Receipt this Period

250.00

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

B.

Full Name (Last, First, Middle Initial)

Richard Dewoskin

Mailing Address 1730 Hampton

City

St. Charles

State

IL

Zip Code

60174

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation
retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.5702

Amount of Each Receipt this Period

500.00

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

C.

Full Name (Last, First, Middle Initial)

Patrick Doherty

Mailing Address 2012 Chinkapin Oak

City

Mt. Prospect

State

IL

Zip Code

60056

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ewing Doherty Mechanical

Occupation
President

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 4 / 2 0 0 7

Transaction ID: SA11AI.5310

Amount of Each Receipt this Period

2300.00

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

SUBTOTAL of Receipts This Page (optional)

3050.00

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: PAGE 15 / 204

(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)

Oberweis for Congress

A.

Full Name (Last, First, Middle Initial)

Gary Dorn

Mailing Address 1931 Camphill Circle

City

Inverness

State

IL

Zip Code

60067

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation
retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.5283

Amount of Each Receipt this Period

1000.00

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

B.

Full Name (Last, First, Middle Initial)

Denis Drennan

Mailing Address 4 Milburn Park

City

Evanston

State

IL

Zip Code

60201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
physician

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.5028

Amount of Each Receipt this Period

250.00

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

C.

Full Name (Last, First, Middle Initial)

Craig Duchossois

Mailing Address 845 Larch Ave

City

Elmhurst

State

IL

Zip Code

60126

FEC ID number of contributing
federal political committee.

C

Name of Employer
Duchois Industries Inc

Occupation
CEO

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

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

Transaction ID: SA11AI.6063

Amount of Each Receipt this Period

2300.00

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

SUBTOTAL of Receipts This Page (optional)

3550.00

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: PAGE 16 / 204

(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)

Oberweis for Congress

A.

Full Name (Last, First, Middle Initial)

Edward Duffy

Mailing Address 917 Iroquois Ave

City

Naperville

State

IL

Zip Code

60563

FEC ID number of contributing
federal political committee.

C

Name of Employer
Project Solutions

Occupation
Architect

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1100.00

Date of Receipt

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

Transaction ID: SA11AI.5291

Amount of Each Receipt this Period

1000.00

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

B.

Full Name (Last, First, Middle Initial)

Rhonda Duffy

Mailing Address 917 Iroquois

City

Naperville

State

IL

Zip Code

60563

FEC ID number of contributing
federal political committee.

C

Name of Employer
Henrickson

Occupation
Sales

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.5689

Amount of Each Receipt this Period

1000.00

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

C.

Full Name (Last, First, Middle Initial)

Andrew Dystrup

Mailing Address 611 Gibbons Dr

City

New Lenox

State

IL

Zip Code

60451-3408

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dystrup, Hester & Jeoat

Occupation
attorney

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 6 / 2 0 0 7

Transaction ID: SA11AI.6521

Amount of Each Receipt this Period

250.00

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

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 17 / 204

(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)

Oberweis for Congress

A.

Full Name (Last, First, Middle Initial)

Scott Eisen

Mailing Address 101 Crescent Drive

City

Glencoe

State

IL

Zip Code

60022

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ideal Rox Co

Occupation

Business Executive

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.5233

Amount of Each Receipt this Period

500.00

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

B.

Full Name (Last, First, Middle Initial)

Kenneth Farsalas

Mailing Address 623 N Webster

City

Naperville

State

IL

Zip Code

60563

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oberweis Asset Management
Inc

Occupation

Portfolio Manager

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.5448

Amount of Each Receipt this Period

500.00

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

C.

Full Name (Last, First, Middle Initial)

Richard Feltes

Mailing Address 39 W 122 Warner Lane

City

Geneva

State

IL

Zip Code

60134

FEC ID number of contributing
federal political committee.

C

Name of Employer
Feltes Gravel & Sand

Occupation

owner

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

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

Transaction ID: SA11AI.5322

Amount of Each Receipt this Period

2300.00

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

SUBTOTAL of Receipts This Page (optional)

3300.00

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: PAGE 18 / 204

(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)

Oberweis for Congress

A.

Full Name (Last, First, Middle Initial)

Matthew Ferguson

Mailing Address 1704 N Sedgwick

City

Chicago

State

IL

Zip Code

60614

FEC ID number of contributing
federal political committee.

C

Name of Employer
CareerBuilder.com

Occupation
CEO

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.5207

Amount of Each Receipt this Period

500.00

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

B.

Full Name (Last, First, Middle Initial)

Thomas Ferguson

Mailing Address 1307 W Stephenson St

City

Freeport

State

IL

Zip Code

61032

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bear Stearns

Occupation
consultant

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 5 / 2 0 0 7

Transaction ID: SA11AI.4708

Amount of Each Receipt this Period

1000.00

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

C.

Full Name (Last, First, Middle Initial)

Steven Fifield

Mailing Address 550 W Adams - Suite 200

City

Chicago

State

IL

Zip Code

60661

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fifield Company

Occupation
President

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.5320

Amount of Each Receipt this Period

1000.00

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

SUBTOTAL of Receipts This Page (optional)

2500.00

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: PAGE 19 / 204

(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)

Oberweis for Congress

A.

Full Name (Last, First, Middle Initial)

Gerald Forsythe

Mailing Address 1111 Willis Ave

City

Wheeling

State

IL

Zip Code

60090

FEC ID number of contributing
federal political committee.

C

Name of Employer
Indeck Energy

Occupation

Executive

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 4 / 2 0 0 7

Transaction ID: SA11AI.5306

Amount of Each Receipt this Period

2300.00

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

B.

Full Name (Last, First, Middle Initial)

Jean Forsythe

Mailing Address 1111 Willis Ave

City

Wheeling

State

IL

Zip Code

60090

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation

homemaker

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 4 / 2 0 0 7

Transaction ID: SA11AI.5308

Amount of Each Receipt this Period

2300.00

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

C.

Full Name (Last, First, Middle Initial)

Philip Foster

Mailing Address 905 Totem Pole Lane

City

Shbbona

State

IL

Zip Code

60550

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation

retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.5704

Amount of Each Receipt this Period

500.00

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

SUBTOTAL of Receipts This Page (optional)

5100.00

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: PAGE 20 / 204

(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)

Oberweis for Congress

A.

Full Name (Last, First, Middle Initial)

J.J. Fritz

Mailing Address 659 Aberdeen Rd

City

Inverness

State

IL

Zip Code

60067

FEC ID number of contributing
federal political committee.

C

Name of Employer
Midwest Bank Holdings Inc

Occupation
banking

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 4 / 2 0 0 7

Transaction ID: SA11AI.5304

Amount of Each Receipt this Period

500.00

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

B.

Full Name (Last, First, Middle Initial)

James Gaffney

Mailing Address 3N819 Baert Ln

City

St. Charles

State

IL

Zip Code

60175

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gaffney Properties Inc

Occupation
real estate

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.5551

Amount of Each Receipt this Period

1000.00

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

C.

Full Name (Last, First, Middle Initial)

Charles Gaither

Mailing Address 394 Mill Ridge Dr

City

Mills River

State

NC

Zip Code

28759

FEC ID number of contributing
federal political committee.

C

Name of Employer
Milkco Inc

Occupation
Dairy processing

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.6232

Amount of Each Receipt this Period

300.00

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

SUBTOTAL of Receipts This Page (optional)

1800.00

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: PAGE 21 / 204

(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)

Oberweis for Congress

A.

Full Name (Last, First, Middle Initial)

Christopher Galvin

Mailing Address 33 Indian Hill Rd

City

Winnetka

State

IL

Zip Code

60093

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfOccupation
consultant

Receipt For: 2008

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

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

Transaction ID: SA11AI.5294

Amount of Each Receipt this Period

2300.00

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

Full Name (Last, First, Middle Initial)

Cynthia Galvin

Mailing Address 33 Indian Hill Rd

City

Winnetka

State

IL

Zip Code

60093

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfOccupation
designer

Receipt For: 2008

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

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

Transaction ID: SA11AI.5296

Amount of Each Receipt this Period

2300.00

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

Full Name (Last, First, Middle Initial)

Thomas Gaughan

Mailing Address 4510 S Ridgway Rd

City

Ringwood

State

IL

Zip Code

60072

FEC ID number of contributing
federal political committee.

C

Name of Employer
Donnes-Orlau LLCOccupation
futures broker

Receipt For: 2008

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.5840

Amount of Each Receipt this Period

250.00

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

SUBTOTAL of Receipts This Page (optional)

4850.00

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: PAGE 22 / 204

(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)

Oberweis for Congress

A.

Full Name (Last, First, Middle Initial)

James Gidwitz

Mailing Address 200 S Wacker Dr #4000

City

Chicago

State

IL

Zip Code

60606

FEC ID number of contributing
federal political committee.

C

Name of Employer
Continental Materials Ser-
vices

Occupation
executive

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

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

Transaction ID: SA11AI.5298

Amount of Each Receipt this Period

2300.00

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

B.

Full Name (Last, First, Middle Initial)

Beth Gies

Mailing Address 563 Creekside

City

Geneva

State

IL

Zip Code

60134

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation
homemaker

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

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

Transaction ID: SA11AI.5318

Amount of Each Receipt this Period

2300.00

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

C.

Full Name (Last, First, Middle Initial)

Larry Gies, Jr.

Mailing Address 563 Creekside

City

Geneva

State

IL

Zip Code

60134

FEC ID number of contributing
federal political committee.

C

Name of Employer
Madison Capital Partners

Occupation
Manufacturing

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

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

Transaction ID: SA11AI.5316

Amount of Each Receipt this Period

2300.00

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

SUBTOTAL of Receipts This Page (optional)

6900.00

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: PAGE 23 / 204

(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)

Oberweis for Congress

A.

Full Name (Last, First, Middle Initial)

Rebecca Gooding

Mailing Address 6485 Linleigh Way

City

Alexandria

State

VA

Zip Code

22315

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mattoon & Associates

Occupation
lobbyist

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.5352

Amount of Each Receipt this Period

500.00

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

B.

Full Name (Last, First, Middle Initial)

Jerald Gordon

Mailing Address 130 N Buckingham

City

Sugar Grove

State

IL

Zip Code

60554

FEC ID number of contributing
federal political committee.

C

Name of Employer
Firstcare Health Svs

Occupation
President

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.5446

Amount of Each Receipt this Period

500.00

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

C.

Full Name (Last, First, Middle Initial)

Steven Greenberg

Mailing Address 4712 Royal Melbourne

City

Long Grove

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alaron

Occupation
trader

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

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

Transaction ID: SA11AI.5670

Amount of Each Receipt this Period

2300.00

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

SUBTOTAL of Receipts This Page (optional)

3300.00

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: PAGE 24 / 204

(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)

Oberweis for Congress

A.

Full Name (Last, First, Middle Initial)

Kent Griffith

Mailing Address 2727 N Halsted

City

Chicago

State

IL

Zip Code

60614

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wolf Point Strategies

Occupation

CEO

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	4	/	2	0	0	7

Transaction ID: SA11AI.5260

Amount of Each Receipt this Period

250.00

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

Full Name (Last, First, Middle Initial)

Charles Groen

Mailing Address 1105 Park Ave

City

River Forest

State

IL

Zip Code

60305

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardiac Care

Occupation

physician

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	4	/	2	0	0	7

Transaction ID: SA11AI.4796

Amount of Each Receipt this Period

500.00

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

Full Name (Last, First, Middle Initial)

Beverly Hansberger

Mailing Address 1755 Persimmon Dr

City

St. Charles

State

IL

Zip Code

60174

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation

retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.5706

Amount of Each Receipt this Period

500.00

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

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 25 / 204

(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)

Oberweis for Congress

A.

Full Name (Last, First, Middle Initial)

Charles Hart

Mailing Address 5340 Red Tail Dr

City

Machesney Park

State

IL

Zip Code

61115

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rockford Memorial

Occupation
pharmacist

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 5 / 2 0 0 7

Transaction ID: SA11AI.4816

Amount of Each Receipt this Period

250.00

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

B.

Full Name (Last, First, Middle Initial)

Brian Haugh

Mailing Address 12000 Covington Ln

City

Frisco

State

TX

Zip Code

75035

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nation Dairy Holdings, LP

Occupation
CEO

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.6510

Amount of Each Receipt this Period

1500.00

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

C.

Full Name (Last, First, Middle Initial)

James Hawkins III

Mailing Address 2604 N Nelson St

City

Arlington

State

VA

Zip Code

22207

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alpine Group Inc

Occupation
consultant

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.5413

Amount of Each Receipt this Period

500.00

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

SUBTOTAL of Receipts This Page (optional)

2250.00

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: PAGE 26 / 204

(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)

Oberweis for Congress

A.

Full Name (Last, First, Middle Initial)

David Hemmer

Mailing Address 4N668 Burr Rd

City

St. Charles

State

IL

Zip Code

60175

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fox Valley Ear Nose & Thr-
oat

Occupation
physician

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

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

Transaction ID: SA11AI.5546

Amount of Each Receipt this Period

2300.00

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

B.

Full Name (Last, First, Middle Initial)

Amanda Hill

Mailing Address 3000 S Randolph St #175

City

Arlington

State

VA

Zip Code

22206

FEC ID number of contributing
federal political committee.

C

Name of Employer
Capitol Hill Consulting
Group

Occupation
Executive

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.5348

Amount of Each Receipt this Period

250.00

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

C.

Full Name (Last, First, Middle Initial)

Amanda Hill

Mailing Address 3000 S Randolph St #175

City

Arlington

State

VA

Zip Code

22206

FEC ID number of contributing
federal political committee.

C

Name of Employer
Capitol Hill Consulting
Group

Occupation
Executive

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.6223

Amount of Each Receipt this Period

400.00

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

SUBTOTAL of Receipts This Page (optional)

2950.00

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: PAGE 27 / 204

(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)

Oberweis for Congress

A.

Full Name (Last, First, Middle Initial)

Joel Hirsch

Mailing Address 19 S. LaSalle Street Ste 1600

City

Chicago

State

IL

Zip Code

60603

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Andrews Properties

Occupation
President

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 4 / 2 0 0 7

Transaction ID: SA11AI.5250

Amount of Each Receipt this Period

500.00

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

B.

Full Name (Last, First, Middle Initial)

Cheryl Hodge

Mailing Address 16701 W Sweedler Rd

City

Manhattan

State

IL

Zip Code

60442

FEC ID number of contributing
federal political committee.

C

Name of Employer
Starcon International

Occupation
Administrative Assistant

Receipt For: 2008

☐ Primary ☐ General
☒ Other (specify) ▼
Special-Primary

Election Cycle-to-Date ▼

4600.00

Date of Receipt

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

Transaction ID: SA11AI.5832

Amount of Each Receipt this Period

2300.00

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

C.

Full Name (Last, First, Middle Initial)

Dallas Imgemunson

Mailing Address Box 642

City

Yorkville

State

IL

Zip Code

60560

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation
retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.5421

Amount of Each Receipt this Period

250.00

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

SUBTOTAL of Receipts This Page (optional)

3050.00

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: PAGE 28 / 204

(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)

Oberweis for Congress

A.

Full Name (Last, First, Middle Initial)

Delores Ingemunson

Mailing Address Box 642

City

Yorkville

State

IL

Zip Code

60560

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.5423

Amount of Each Receipt this Period

250.00

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

B.

Full Name (Last, First, Middle Initial)

Robert Jaffee

Mailing Address 650 Dundee Rd Ste 165

City

Northbrook

State

IL

Zip Code

60062

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation
retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.5364

Amount of Each Receipt this Period

500.00

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

C.

Full Name (Last, First, Middle Initial)

Carl James

Mailing Address 37 Coldstream Circle

City

Lincolnshire

State

IL

Zip Code

60069

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kenneth James Builders

Occupation
real estate

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.5022

Amount of Each Receipt this Period

500.00

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

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 29 / 204

(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)

Oberweis for Congress

A.

Full Name (Last, First, Middle Initial)

David Jory

Mailing Address 4528 Macomb St NW

City

Washington

State

DC

Zip Code

20016

FEC ID number of contributing
federal political committee.

C

Name of Employer
Capitol Hill Consulting
Group

Occupation
consultant

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.5342

Amount of Each Receipt this Period

250.00

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

B.

Full Name (Last, First, Middle Initial)

Dennis Keller

Mailing Address 1155 - 35th St

City

Oak Brook

State

IL

Zip Code

60523

FEC ID number of contributing
federal political committee.

C

Name of Employer
DeVry

Occupation
Boad Chairman

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.5285

Amount of Each Receipt this Period

1000.00

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

C.

Full Name (Last, First, Middle Initial)

John Keller

Mailing Address 20 Old Green Bay Road

City

Winnetka

State

IL

Zip Code

60093

FEC ID number of contributing
federal political committee.

C

Name of Employer
Keller Group

Occupation
Business owner

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 4 / 2 0 0 7

Transaction ID: SA11AI.5302

Amount of Each Receipt this Period

1000.00

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

SUBTOTAL of Receipts This Page (optional)

2250.00

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: PAGE 30 / 204

(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)

Oberweis for Congress

A.

Full Name (Last, First, Middle Initial)

James Kenny

Mailing Address 735 Normandy Lane

City

Glenview

State

IL

Zip Code

60025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kenny Construction Co

Occupation
executive

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.5558

Amount of Each Receipt this Period

1000.00

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

B.

Full Name (Last, First, Middle Initial)

Beth Kindt

Mailing Address 801 N Brookside Ln

City

Mahomet

State

IL

Zip Code

61853

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Illinois

Occupation
professor

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.5024

Amount of Each Receipt this Period

500.00

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

C.

Full Name (Last, First, Middle Initial)

Angelo Kleronomos

Mailing Address 2579 Rt 34

City

Oswego

State

IL

Zip Code

60543

FEC ID number of contributing
federal political committee.

C

Name of Employer
Property Concepts Inc

Occupation
President

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

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

Transaction ID: SA11AI.5397

Amount of Each Receipt this Period

2300.00

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

SUBTOTAL of Receipts This Page (optional)

3800.00

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: PAGE 31 / 204

(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)

Oberweis for Congress

A.

Full Name (Last, First, Middle Initial)

Dr. James Kolka

Mailing Address 1 TransAn Plaza Dr Ste 360

City

Oak Brook Terrace

State

IL

Zip Code

60181

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employedOccupation
physician

Receipt For: 2008

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	6	/	2	0	0	8

Transaction ID: SA11AI.6123

Amount of Each Receipt this Period

2000.00

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

Full Name (Last, First, Middle Initial)

Terence Kothe

Mailing Address 245 Le Grange Blvd

City

Aurora

State

IL

Zip Code

60506

FEC ID number of contributing
federal political committee.

C

Name of Employer
Trust Company of IllinoisOccupation
Investment Management

Receipt For: 2008

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.5683

Amount of Each Receipt this Period

250.00

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

Full Name (Last, First, Middle Initial)

Fred Krehbiel

Mailing Address 505 South County Line Road

City

Hinsdale

State

IL

Zip Code

60521

FEC ID number of contributing
federal political committee.

C

Name of Employer
MolexOccupation
Executive

Receipt For: 2008

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

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

Transaction ID: SA11AI.5287

Amount of Each Receipt this Period

2300.00

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

SUBTOTAL of Receipts This Page (optional)

4550.00

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: PAGE 32 / 204

(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)

Oberweis for Congress

A.

Full Name (Last, First, Middle Initial)

Jeffrey Krueger

Mailing Address 260 Market Place

City

Manhattan

State

IL

Zip Code

60442

FEC ID number of contributing
federal political committee.

C

Name of Employer
StarconOccupation
CFO

Receipt For: 2008

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.5865

Amount of Each Receipt this Period

1000.00

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

Full Name (Last, First, Middle Initial)

Charles Kullberg

Mailing Address 107 Sycamore Ln

City

Machesney Park

State

IL

Zip Code

61115

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advanced Waste ServicesOccupation
executive

Receipt For: 2008

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	6	/	2	0	0	8

Transaction ID: SA11AI.6222

Amount of Each Receipt this Period

1000.00

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

Full Name (Last, First, Middle Initial)

Timothy Kurth

Mailing Address 333 Maryland Ave, NE

City

Washington

State

DC

Zip Code

20002

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Water StrategiesOccupation
consultant

Receipt For: 2008

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.5340

Amount of Each Receipt this Period

500.00

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

SUBTOTAL of Receipts This Page (optional)

2500.00

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: PAGE 33 / 204

(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)

Oberweis for Congress

A.

Full Name (Last, First, Middle Initial)

Mike Kwasman

Mailing Address 1053 Trillium Trl

City

West Chicago

State

IL

Zip Code

60185

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kwas Co

Occupation
partner

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.6214

Amount of Each Receipt this Period

1000.00

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

B.

Full Name (Last, First, Middle Initial)

James Andrew Langan

Mailing Address 200 E Randolph Dr

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kirkland & Ellis

Occupation
attorney

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.6065

Amount of Each Receipt this Period

1000.00

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

C.

Full Name (Last, First, Middle Initial)

Michael Larson

Mailing Address 21218 Airport Rd

City

Sycamore

State

IL

Zip Code

60178

FEC ID number of contributing
federal political committee.

C

Name of Employer
Elmer Larson LLC

Occupation
President

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.5395

Amount of Each Receipt this Period

250.00

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

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 34 / 204

(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)

Oberweis for Congress

A.

Full Name (Last, First, Middle Initial)

Brian Lee

Mailing Address 650 S. Wright St

City

Naperville

State

IL

Zip Code

60540

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oberweis Asset Management

Occupation

Director of Marketing

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.5668

Amount of Each Receipt this Period

500.00

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

B.

Full Name (Last, First, Middle Initial)

Dean Leffelman

Mailing Address 1015 Pembridge Pl

City

Sugar Grove

State

IL

Zip Code

60554

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ice Miller LLP

Occupation

attorney

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.6220

Amount of Each Receipt this Period

500.00

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

C.

Full Name (Last, First, Middle Initial)

James Leider

Mailing Address 511 Cambridge Ln

City

Lake Bluff

State

IL

Zip Code

60044

FEC ID number of contributing
federal political committee.

C

Name of Employer
Leider Horticulture Co

Occupation

executive

Receipt For: 2008

☒ 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 0 / 2 0 0 7

Transaction ID: SA11AI.5708

Amount of Each Receipt this Period

500.00

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

SUBTOTAL of Receipts This Page (optional)

1500.00

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: PAGE 35 / 204

(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)

Oberweis for Congress

A.

Full Name (Last, First, Middle Initial)

Michael Levy

Mailing Address 2180 Churchill Ln

City

Highland Park

State

IL

Zip Code

60035

FEC ID number of contributing
federal political committee.

C

Name of Employer
ARPAC LP

Occupation
executive

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 7

Transaction ID: SA11AI.4954

Amount of Each Receipt this Period

2300.00

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

B.

Full Name (Last, First, Middle Initial)

John Lies

Mailing Address 7 Shagbark Ln

City

Aurora

State

IL

Zip Code

60506

FEC ID number of contributing
federal political committee.

C

Name of Employer
A. Lies Co

Occupation
Executive

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.5372

Amount of Each Receipt this Period

250.00

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

C.

Full Name (Last, First, Middle Initial)

Rodney Lubeznik

Mailing Address 1575 Adler Circle, Ste C

City

Portage

State

IN

Zip Code

46368

FEC ID number of contributing
federal political committee.

C

Name of Employer
McDonalds

Occupation
restaurant management

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.5370

Amount of Each Receipt this Period

250.00

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

SUBTOTAL of Receipts This Page (optional)

2800.00

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: PAGE 36 / 204

(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)

Oberweis for Congress

A.

Full Name (Last, First, Middle Initial)

Andrew Maloney

Mailing Address 3020 Macomb St, NW

City

Washington

State

DC

Zip Code

20008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ogilvy Government Relations

Occupation
management

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.5405

Amount of Each Receipt this Period

250.00

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

B.

Full Name (Last, First, Middle Initial)

Sabra Maloney

Mailing Address 3020 Macomb St NW

City

Washington

State

DC

Zip Code

20008

FEC ID number of contributing
federal political committee.

C

Name of Employer
John Hopkins University

Occupation
scientist

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.5407

Amount of Each Receipt this Period

250.00

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

C.

Full Name (Last, First, Middle Initial)

John Mason

Mailing Address 29845 Ellen Dr

City

Geona

State

IL

Zip Code

60135

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jim Mason Properties

Occupation
Developer

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.5393

Amount of Each Receipt this Period

300.00

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

SUBTOTAL of Receipts This Page (optional)

800.00

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: PAGE 37 / 204

(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)

Oberweis for Congress

A.

Full Name (Last, First, Middle Initial)

Dan Mattoon

Mailing Address 6344 Cavalier Corridor

City

Falls Church

State

VA

Zip Code

22044

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mattoon & Associates

Occupation
executive

Receipt For: 2008

☐ Primary ☐ General
☒ Other (specify) ▼
Special-Primary

Election Cycle-to-Date ▼

2300.00

Date of Receipt

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

Transaction ID: SA11AI.5432

Amount of Each Receipt this Period

2300.00

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

B.

Full Name (Last, First, Middle Initial)

Jane Mattoon

Mailing Address 6344 Cavalier Corridor

City

Falls Church

State

VA

Zip Code

22044

FEC ID number of contributing
federal political committee.

C

Name of Employer
homemaker

Occupation
homemaker

Receipt For: 2008

☐ Primary ☐ General
☒ Other (specify) ▼
Special-Primary

Election Cycle-to-Date ▼

2300.00

Date of Receipt

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

Transaction ID: SA11AI.5433

Amount of Each Receipt this Period

2300.00

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

C.

Full Name (Last, First, Middle Initial)

Robert Mazer

Mailing Address 800 N Michigan Ave Apt 5601

City

Chicago

State

IL

Zip Code

60611

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation
retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 5 / 2 0 0 7

Transaction ID: SA11AI.5465

Amount of Each Receipt this Period

2300.00

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

SUBTOTAL of Receipts This Page (optional)

6900.00

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: PAGE 38 / 204

(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)

Oberweis for Congress

A.

Full Name (Last, First, Middle Initial)

Gary McDaniel

Mailing Address 2713 N Pine Grove Ave, Unit 3

City

Chicago

State

IL

Zip Code

60614

FEC ID number of contributing
federal political committee.

C

Name of Employer
Smurfit Stone Container
Corp

Occupation
consultant

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.6221

Amount of Each Receipt this Period

250.00

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

B.

Full Name (Last, First, Middle Initial)

Robert McLennan

Mailing Address 800 Eastwood Ln

City

Glenview

State

IL

Zip Code

60025

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation
retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.5553

Amount of Each Receipt this Period

1000.00

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

C.

Full Name (Last, First, Middle Initial)

John McManus

Mailing Address 2082 Grace Manor Ct

City

McLean

State

VA

Zip Code

22101

FEC ID number of contributing
federal political committee.

C

Name of Employer
The McManus Group

Occupation
executive

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.5387

Amount of Each Receipt this Period

500.00

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

SUBTOTAL of Receipts This Page (optional)

1750.00

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: PAGE 39 / 204

(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)

Oberweis for Congress

A.

Full Name (Last, First, Middle Initial)

Stephen McPartlin

Mailing Address 2S020 Taylor Rd

City

Glen Ellyn

State

IL

Zip Code

60137

FEC ID number of contributing
federal political committee.

C

Name of Employer
Henrickson Furniture

Occupation
President

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.5853

Amount of Each Receipt this Period

500.00

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

B.

Full Name (Last, First, Middle Initial)

David McSweeney

Mailing Address 8 Hubbell Ct

City

Barrington Hills

State

IL

Zip Code

60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bank of America

Occupation
investor

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.5009

Amount of Each Receipt this Period

1000.00

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

C.

Full Name (Last, First, Middle Initial)

James McWethy

Mailing Address 8701 S Washington St

City

Downers Grove

State

IL

Zip Code

60516

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation
retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID: SA11AI.5550

Amount of Each Receipt this Period

500.00

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

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 40 / 204

(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)

Oberweis for Congress

A.

Full Name (Last, First, Middle Initial)

Kevin Miles

Mailing Address 36W750 Hickory Dr

City

St. Charles

State

IL

Zip Code

60175

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cathay Industries

Occupation
Executive

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.5453

Amount of Each Receipt this Period

1000.00

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

B.

Full Name (Last, First, Middle Initial)

Steve Milner

Mailing Address 517 Joanne Ln

City

Dekalb

State

IL

Zip Code

60115

FEC ID number of contributing
federal political committee.

C

Name of Employer
Milner & Associates Inc

Occupation
owner

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.5399

Amount of Each Receipt this Period

250.00

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

C.

Full Name (Last, First, Middle Initial)

John Montgomery

Mailing Address 1448 N Lake Shore Dr

City

Chicago

State

IL

Zip Code

60610

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.4840

Amount of Each Receipt this Period

500.00

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

SUBTOTAL of Receipts This Page (optional)

1750.00

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: PAGE 41 / 204

(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)

Oberweis for Congress

A.

Full Name (Last, First, Middle Initial)

Larry Nelson

Mailing Address 16524 Frazier Rd

City

Plano

State

IL

Zip Code

60545

FEC ID number of contributing
federal political committee.

C

Name of Employer
WSPY

Occupation

Broadcast Management

Receipt For: 2008

☐ Primary ☐ General
☒ Other (specify) ▼
Special-Primary

Election Cycle-to-Date ▼

3400.00

Date of Receipt

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

Transaction ID: SA11AI.5437

Amount of Each Receipt this Period

1150.00

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

B.

Full Name (Last, First, Middle Initial)

Pam Nelson

Mailing Address 16524 Fraizier Rd

City

Plano

State

IL

Zip Code

60543

FEC ID number of contributing
federal political committee.

C

Name of Employer
WSPY-Rental

Occupation

Media

Receipt For: 2008

☐ Primary ☐ General
☒ Other (specify) ▼
Special-Primary

Election Cycle-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 6 / 2 0 0 7

Transaction ID: SA11AI.5438

Amount of Each Receipt this Period

1150.00

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

C.

Full Name (Last, First, Middle Initial)

Philip Nielsen

Mailing Address 200 De Windt Rd

City

Winnetka

State

IL

Zip Code

60093

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation

retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: SA11AI.6073

Amount of Each Receipt this Period

350.00

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

SUBTOTAL of Receipts This Page (optional)

2650.00

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: PAGE 42 / 204

(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)

Oberweis for Congress

A.

Full Name (Last, First, Middle Initial)

Darren Niemann

Mailing Address 36W700 Whispering Trail

City

St. Charles

State

IL

Zip Code

60175

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oberweis Dairy

Occupation

restaurant management

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

636.19

Date of Receipt

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

Transaction ID: SA11AI.6538

Amount of Each Receipt this Period

636.19

In-kind - fundraiser

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

Full Name (Last, First, Middle Initial)

James W Oberweis

Mailing Address 859 Hathaway Ct

City

North Aurora

State

IL

Zip Code

60542

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oberweis Asset Management
Inc

Occupation

Executive

Receipt For: 2008

☐ Primary ☐ General
☒ Other (specify) ▼
Special-Primary

Election Cycle-to-Date ▼

4600.00

Date of Receipt

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

Transaction ID: SA11AI.5431

Amount of Each Receipt this Period

2300.00

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

Full Name (Last, First, Middle Initial)

Renata Oberweis

Mailing Address 859 Hathaway Ct

City

North Aurora

State

IL

Zip Code

60542

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation

homemaker

Receipt For: 2008

☐ Primary ☐ General
☒ Other (specify) ▼
Special-Primary

Election Cycle-to-Date ▼

4600.00

Date of Receipt

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

Transaction ID: SA11AI.5833

Amount of Each Receipt this Period

2300.00

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

SUBTOTAL of Receipts This Page (optional)

5236.19

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: PAGE 43 / 204

(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)

Oberweis for Congress

A.

Full Name (Last, First, Middle Initial)

Marlene Pearson

Mailing Address 1S773 Nelson Lake Rd

City

Batavia

State

IL

Zip Code

60510

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation
retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.5401

Amount of Each Receipt this Period

1000.00

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

B.

Full Name (Last, First, Middle Initial)

Paul Petriekis

Mailing Address 12603 Southwest Hwy

City

Palos Park

State

IL

Zip Code

60464

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation
retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.5710

Amount of Each Receipt this Period

250.00

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

C.

Full Name (Last, First, Middle Initial)

Joseph Piscopo

Mailing Address 18 Natoma Dr

City

Oak Brook

State

IL

Zip Code

60523

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 7

Transaction ID: SA11AI.4990

Amount of Each Receipt this Period

250.00

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

SUBTOTAL of Receipts This Page (optional)

1500.00

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: PAGE 44 / 204

(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)

Oberweis for Congress

A.

Full Name (Last, First, Middle Initial)

Richard Porter

Mailing Address 875 Bryant Ave

City

Winnetka

State

IL

Zip Code

60093

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kirkland & Ellis

Occupation
attorney

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.4966

Amount of Each Receipt this Period

500.00

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

B.

Full Name (Last, First, Middle Initial)

Robert Prisk, Sr.

Mailing Address 3525 Majestic Oaks Dr

City

St. Charles

State

IL

Zip Code

60174

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation
retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.5314

Amount of Each Receipt this Period

500.00

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

C.

Full Name (Last, First, Middle Initial)

John Raitt

Mailing Address 1111 Mohawk Road

City

Wilmette

State

IL

Zip Code

60091

FEC ID number of contributing
federal political committee.

C

Name of Employer
Haitis Associates LP

Occupation
Investment Manager

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.5244

Amount of Each Receipt this Period

2000.00

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

SUBTOTAL of Receipts This Page (optional)

3000.00

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: PAGE 45 / 204

(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)

Oberweis for Congress

A.

Full Name (Last, First, Middle Initial)

John Rau

Mailing Address 209 E. Lake Shore Dr, Unit 8W

City

Chicago

State

IL

Zip Code

60611

FEC ID number of contributing
federal political committee.

C

Name of Employer
Miami Corporation

Occupation

Chief Executive Officer

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 5 / 2 0 0 7

Transaction ID: SA11AI.5223

Amount of Each Receipt this Period

2300.00

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

B.

Full Name (Last, First, Middle Initial)

Jean Regan

Mailing Address 18 Charleston Rd

City

Hinsdale

State

IL

Zip Code

60521

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tranzit

Occupation

President

Receipt For: 2008

☐ Primary ☐ General
☒ Other (specify) ▼
Special-Primary

Election Cycle-to-Date ▼

2300.00

Date of Receipt

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

Transaction ID: SA11AI.6061

Amount of Each Receipt this Period

2300.00

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

C.

Full Name (Last, First, Middle Initial)

Jade Reyes

Mailing Address 210 Melrose Ave

City

Kenilworth

State

IL

Zip Code

60043

FEC ID number of contributing
federal political committee.

C

Name of Employer
Reyes Holdings

Occupation

Chairman

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

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

Transaction ID: SA11AI.4940

Amount of Each Receipt this Period

2300.00

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

SUBTOTAL of Receipts This Page (optional)

6900.00

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: PAGE 46 / 204

(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)

Oberweis for Congress

A.

Full Name (Last, First, Middle Initial)

Anthony Rich

Mailing Address PO Box 389

City

Sugar Grove

State

IL

Zip Code

60554

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 4 / 2 0 0 7

Transaction ID: SA11AI.4844

Amount of Each Receipt this Period

250.00

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

B.

Full Name (Last, First, Middle Initial)

Anthony Rich

Mailing Address PO Box 389

City

Sugar Grove

State

IL

Zip Code

60554

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1250.00

Date of Receipt

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

Transaction ID: SA11AI.5011

Amount of Each Receipt this Period

1000.00

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

C.

Full Name (Last, First, Middle Initial)

Anthony Rich

Mailing Address PO Box 389

City

Sugar Grove

State

IL

Zip Code

60554

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2250.00

Date of Receipt

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

Transaction ID: SA11AI.5712

Amount of Each Receipt this Period

1000.00

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

SUBTOTAL of Receipts This Page (optional)

2250.00

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: PAGE 47 / 204

(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)

Oberweis for Congress

A.

Full Name (Last, First, Middle Initial)

Betty Rich

Mailing Address P.O. Box 369

City

Sugar Grove

State

IL

Zip Code

60554

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rich Harvest Farms

Occupation
Executive

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 4 / 2 0 0 7

Transaction ID: SA11AI.5254

Amount of Each Receipt this Period

2300.00

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

B.

Full Name (Last, First, Middle Initial)

Betty Rich

Mailing Address P.O. Box 369

City

Sugar Grove

State

IL

Zip Code

60554

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rich Harvest Farms

Occupation
Executive

Receipt For: 2008

☐ Primary ☐ General
☒ Other (specify) ▼
Special-Primary

Election Cycle-to-Date ▼

4600.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 7

Transaction ID: SA11AI.5435

Amount of Each Receipt this Period

2300.00

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

C.

Full Name (Last, First, Middle Initial)

Jerome Rich

Mailing Address P.O. Box 369

City

Sugar Grove

State

IL

Zip Code

60564

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rich Harvest Farms

Occupation
Executive

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 4 / 2 0 0 7

Transaction ID: SA11AI.5252

Amount of Each Receipt this Period

2300.00

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

SUBTOTAL of Receipts This Page (optional)

6900.00

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: PAGE 48 / 204

(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)

Oberweis for Congress

A.

Full Name (Last, First, Middle Initial)

Jerome Rich

Mailing Address P.O. Box 369

City

Sugar Grove

State

IL

Zip Code

60564

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rich Harvest Farms

Occupation

Executive

Receipt For: 2008

☐ Primary ☐ General
☒ Other (specify) ▼
 Special-Primary

Election Cycle-to-Date ▼

4600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	6		2	0	0	7

Transaction ID: SA11AI.5436

Amount of Each Receipt this Period

2300.00

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

Full Name (Last, First, Middle Initial)

Keith Rich

Mailing Address 264 Main St

City

Sugar Grove

State

IL

Zip Code

60554

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rich Harvest Farms

Occupation

owner

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.5444

Amount of Each Receipt this Period

1000.00

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

Full Name (Last, First, Middle Initial)

David Riley

Mailing Address 2 South Cove Dr

City

S. Barrington

State

IL

Zip Code

60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation

retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID: SA11AI.5457

Amount of Each Receipt this Period

1500.00

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

SUBTOTAL of Receipts This Page (optional)

4800.00

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: PAGE 49 / 204

(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)

Oberweis for Congress

A.

Full Name (Last, First, Middle Initial)

Linda Riley

Mailing Address 2 South Cove Dr

City

S. Barrington

State

IL

Zip Code

60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
retiredOccupation
retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID: SA11AI.5459

Amount of Each Receipt this Period

1500.00

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

Full Name (Last, First, Middle Initial)

Theodore Risch

Mailing Address 545 Ingalton Ave

City

West Chicago

State

IL

Zip Code

60185

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.4846

Amount of Each Receipt this Period

250.00

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

Full Name (Last, First, Middle Initial)

Theodore Risch

Mailing Address 545 Ingalton Ave

City

West Chicago

State

IL

Zip Code

60185

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	5	/	2	0	0	7

Transaction ID: SA11AI.4992

Amount of Each Receipt this Period

2050.00

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

SUBTOTAL of Receipts This Page (optional)

3800.00

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: PAGE 50 / 204

(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)

Oberweis for Congress

A.

Full Name (Last, First, Middle Initial)

Theodore Risch

Mailing Address 545 Ingalton Ave

City

West Chicago

State

IL

Zip Code

60185

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Retired

Receipt For: 2008

☐ Primary ☐ General
☒ Other (specify) ▼
Special-Primary

Election Cycle-to-Date ▼

2800.00

Date of Receipt

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

Transaction ID: SA11AI.5713

Amount of Each Receipt this Period

500.00

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

B.

Full Name (Last, First, Middle Initial)

Michael Romano

Mailing Address 644 Dalewood Lane

City

Hinsdale

State

IL

Zip Code

60521

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation

retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

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

Transaction ID: SA11AI.5362

Amount of Each Receipt this Period

2300.00

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

C.

Full Name (Last, First, Middle Initial)

Timothy Rupli

Mailing Address 446 New Jersey Ave SE

City

Washington

State

DC

Zip Code

20003

FEC ID number of contributing
federal political committee.

C

Name of Employer
TR Rupli & Associates Inc

Occupation

consultant

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.5554

Amount of Each Receipt this Period

1000.00

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

SUBTOTAL of Receipts This Page (optional)

3800.00

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: PAGE 51 / 204

(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)

Oberweis for Congress

A.

Full Name (Last, First, Middle Initial)

Margaret Scanlon

Mailing Address 12630 S 69th Ave

City

Palos Hts

State

IL

Zip Code

60463

FEC ID number of contributing
federal political committee.

C

Name of Employer
retiredOccupation
retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.5714

Amount of Each Receipt this Period

250.00

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

Full Name (Last, First, Middle Initial)

Peter Schellenbach

Mailing Address 634 Drexel Ave

City

Glencoe

State

IL

Zip Code

60022

FEC ID number of contributing
federal political committee.

C

Name of Employer
retiredOccupation
retired

Receipt For: 2008

☐ Primary ☐ General
☒ Other (specify) ▼
Special-Primary

Election Cycle-to-Date ▼

3050.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	6		2	0	0	8

Transaction ID: SA11AI.6237

Amount of Each Receipt this Period

750.00

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

Full Name (Last, First, Middle Initial)

Susan Schiesser

Mailing Address 1651 Keim Cir

City

Geneva

State

IL

Zip Code

60134

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baird & WarnerOccupation
real estate

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.6171

Amount of Each Receipt this Period

250.00

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

SUBTOTAL of Receipts This Page (optional)

1250.00

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: PAGE 52 / 204

(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)

Oberweis for Congress

A.

Full Name (Last, First, Middle Initial)

William Seith

Mailing Address 917 Cleveland Rd

City

Hinsdale

State

IL

Zip Code

60521

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bryce Downey LLC

Occupation
attorney

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.5375

Amount of Each Receipt this Period

250.00

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

B.

Full Name (Last, First, Middle Initial)

Jack Sharkey

Mailing Address PO Box 3156

City

Quincy

State

IL

Zip Code

62060

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sharkey Transportation

Occupation
CEO

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.6531

Amount of Each Receipt this Period

1000.00

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

C.

Full Name (Last, First, Middle Initial)

Kenneth Shepro

Mailing Address PO Box 760

City

Wayne

State

IL

Zip Code

60184

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
attorney

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.6175

Amount of Each Receipt this Period

250.00

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

SUBTOTAL of Receipts This Page (optional)

1500.00

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: PAGE 53 / 204

(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)

Oberweis for Congress

A.

Full Name (Last, First, Middle Initial)

Craide Shodeen

Mailing Address 0N045 Alexander Dr

City

Geneva

State

IL

Zip Code

60134

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sho-Deen Inc

Occupation

Home Builder

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.5876

Amount of Each Receipt this Period

2000.00

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

B.

Full Name (Last, First, Middle Initial)

Pamela Shodeen

Mailing Address 0N045 Alexander Dr

City

Geneva

State

IL

Zip Code

60134

FEC ID number of contributing
federal political committee.

C

Name of Employer
Parker Inv Properties

Occupation

Real Estate Inv

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.5878

Amount of Each Receipt this Period

2000.00

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

C.

Full Name (Last, First, Middle Initial)

Grant Sisson

Mailing Address 15785 W Gorham Ln

City

Wadsworth

State

IL

Zip Code

60083

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation

retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.5425

Amount of Each Receipt this Period

2000.00

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

SUBTOTAL of Receipts This Page (optional)

6000.00

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: PAGE 54 / 204

(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)

Oberweis for Congress

A.

Full Name (Last, First, Middle Initial)

Lilian Smith

Mailing Address 812 Elm St, Apt 21

City

Winnetka

State

IL

Zip Code

60093

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation
retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.5716

Amount of Each Receipt this Period

250.00

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

B.

Full Name (Last, First, Middle Initial)

Charles Stencel

Mailing Address 7 Dorchester Ct

City

Sugar Grove

State

IL

Zip Code

60554

FEC ID number of contributing
federal political committee.

C

Name of Employer
Serenity Packaging

Occupation
Sales

Receipt For: 2008

☐ Primary ☐ General
☒ Other (specify) ▼
Special-Primary

Election Cycle-to-Date ▼

2800.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.6236

Amount of Each Receipt this Period

500.00

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

C.

Full Name (Last, First, Middle Initial)

Quinn Stepan, Jr.

Mailing Address 1721 Shore Acres Dr

City

Lake Bluff

State

IL

Zip Code

60044

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stepan Company

Occupation
President & CEO

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.6215

Amount of Each Receipt this Period

500.00

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

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 55 / 204

(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)

Oberweis for Congress

A.

Full Name (Last, First, Middle Initial)

Richard Stockton

Mailing Address Ten S Wacker Dr Ste 3000

City State Zip Code
 Chicago IL 60606

FEC ID number of contributing
federal political committee.

C

Name of Employer
Banner & Witcoff, Ltd

Occupation
Attorney

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 250.00

Date of Receipt

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

Transaction ID: SA11AI.5455

Amount of Each Receipt this Period

250.00

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

B.

Full Name (Last, First, Middle Initial)

Larry Stonitsch

Mailing Address 2345 N Lincoln Lake Drive

City State Zip Code
 Coal City IL 60416

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rovanco Piping

Occupation
President

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 1000.00

Date of Receipt

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

Transaction ID: SA11AI.5356

Amount of Each Receipt this Period

1000.00

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

C.

Full Name (Last, First, Middle Initial)

Charles Strobeck

Mailing Address 642 Maplewood Dr

City State Zip Code
 Wheaton IL 60187

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
Real Estate

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 500.00

Date of Receipt

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

Transaction ID: SA11AI.4858

Amount of Each Receipt this Period

500.00

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

SUBTOTAL of Receipts This Page (optional)

1750.00

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: PAGE 56 / 204

(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)

Oberweis for Congress

A.

Full Name (Last, First, Middle Initial)

William Strong

Mailing Address 904 North Green Bay Rd

City

Lake Forest

State

IL

Zip Code

60045-1709

FEC ID number of contributing
federal political committee.

C

Name of Employer
Morgan Stanley

Occupation

Investment Banker

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.4950

Amount of Each Receipt this Period

1000.00

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

B.

Full Name (Last, First, Middle Initial)

Robert Stuart

Mailing Address 150 Field Dr Ste 100

City

Lake Forest

State

IL

Zip Code

60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation

retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

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

Transaction ID: SA11AI.5560

Amount of Each Receipt this Period

2300.00

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

C.

Full Name (Last, First, Middle Initial)

Joseph Swanson

Mailing Address 325 W Fullerton Pkwy

City

Chicago

State

IL

Zip Code

60514

FEC ID number of contributing
federal political committee.

C

Name of Employer
Parkview Properties, Ltd

Occupation

real estate

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.5718

Amount of Each Receipt this Period

250.00

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

SUBTOTAL of Receipts This Page (optional)

3550.00

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: PAGE 57 / 204

(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)

Oberweis for Congress

A.

Full Name (Last, First, Middle Initial)

David Thompson

Mailing Address 2400 S Culpepper St

City

Arlington

State

VA

Zip Code

22206

FEC ID number of contributing
federal political committee.

C

Name of Employer
Capitol Hill GroupOccupation
consultant

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.5409

Amount of Each Receipt this Period

500.00

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

Full Name (Last, First, Middle Initial)

Dorothy Thompson

Mailing Address 2400 S Culpeper St

City

Alexandria

State

VA

Zip Code

22206

FEC ID number of contributing
federal political committee.

C

Name of Employer
Best Effort MadeOccupation
executive

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.5411

Amount of Each Receipt this Period

500.00

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

Full Name (Last, First, Middle Initial)

Robert Tiballi

Mailing Address PO Box 5934

City

Elgin

State

IL

Zip Code

60121

FEC ID number of contributing
federal political committee.

C

Name of Employer
GerbustersOccupation
physician

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.5544

Amount of Each Receipt this Period

2000.00

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

SUBTOTAL of Receipts This Page (optional)

3000.00

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: PAGE 58 / 204

(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)

Oberweis for Congress

A.

Full Name (Last, First, Middle Initial)

Robert Tiballi

Mailing Address PO Box 5934

City

Elgin

State

IL

Zip Code

60121

FEC ID number of contributing
federal political committee.

C

Name of Employer
GermbustersOccupation
physician

Receipt For: 2008

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

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

Transaction ID: SA11AI.6523

Amount of Each Receipt this Period

300.00

In-kind - fundraiser

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

Full Name (Last, First, Middle Initial)

Constance Tipton

Mailing Address 712 East Capitol St NE

City

Washington

State

DC

Zip Code

20003

FEC ID number of contributing
federal political committee.

C

Name of Employer
International Dairy Foods
AssnOccupation
President

Receipt For: 2008

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.5350

Amount of Each Receipt this Period

500.00

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

Full Name (Last, First, Middle Initial)

Hungshing Tsang

Mailing Address 26 Buckingham Dr

City

Sugar Grove

State

IL

Zip Code

60554

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fox Valley Pain ManagementOccupation
physician

Receipt For: 2008

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.5687

Amount of Each Receipt this Period

2000.00

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

SUBTOTAL of Receipts This Page (optional)

2800.00

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: PAGE 59 / 204

(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)

Oberweis for Congress

A.

Full Name (Last, First, Middle Initial)

Katrina Uremovich

Mailing Address 1055 Mason Ave

City

Joliet

State

IL

Zip Code

60435

FEC ID number of contributing
federal political committee.

C

Name of Employer
homemaker

Occupation

homemaker

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1322.21

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	6		2	0	0	8

Transaction ID: SA11AI.6525

Amount of Each Receipt this Period

1322.21

In-kind - fundraiser

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

Full Name (Last, First, Middle Initial)

Michael Uremovich

Mailing Address 16701 W Sweedler Rd

City

Manhattan

State

IL

Zip Code

60442

FEC ID number of contributing
federal political committee.

C

Name of Employer
Starcon International

Occupation

CEO

Receipt For: 2008

☐ Primary ☐ General
☒ Other (specify) ▼
Special-Primary

Election Cycle-to-Date ▼

4600.00

Date of Receipt

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

Transaction ID: SA11AI.5831

Amount of Each Receipt this Period

2300.00

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

Full Name (Last, First, Middle Initial)

Michael Uremovich

Mailing Address 16701 W Sweedler Rd

City

Manhattan

State

IL

Zip Code

60442

FEC ID number of contributing
federal political committee.

C

Name of Employer
Starcon International

Occupation

CEO

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	6		2	0	0	8

Transaction ID: SA11AI.6228

Amount of Each Receipt this Period

1000.00

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

SUBTOTAL of Receipts This Page (optional)

4622.21

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: PAGE 60 / 204

(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)

Oberweis for Congress

A.

Full Name (Last, First, Middle Initial)

Michael J Uremovich

Mailing Address 1055 Mason Ave

City

Joliet

State

IL

Zip Code

60435

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of St. Francis

Occupation
Coach

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.6218

Amount of Each Receipt this Period

2000.00

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

B.

Full Name (Last, First, Middle Initial)

Marc Vaintrub

Mailing Address 843 W Webster Ave

City

Chicago

State

IL

Zip Code

60614

FEC ID number of contributing
federal political committee.

C

Name of Employer
Chicago Mercantile

Occupation
Broker

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.5720

Amount of Each Receipt this Period

250.00

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

C.

Full Name (Last, First, Middle Initial)

Charles Vogl

Mailing Address 837 Normandy Ln

City

Glenview

State

IL

Zip Code

60025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northfield Industries LLC

Occupation
Manager

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

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

Transaction ID: SA11AI.4964

Amount of Each Receipt this Period

2300.00

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

SUBTOTAL of Receipts This Page (optional)

4550.00

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: PAGE 61 / 204

(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)

Oberweis for Congress

A.

Full Name (Last, First, Middle Initial)

Tom Wamberg

Mailing Address 102 South Wynstone Park Dr

City State Zip Code
 North Barrington IL 60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Clark & Wamberg LLC

Occupation
Pres & CEO

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 2300.00

Date of Receipt

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

Transaction ID: SA11AI.5463

Amount of Each Receipt this Period

2300.00

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

B.

Full Name (Last, First, Middle Initial)

Charles Wegner IV

Mailing Address PO Box 261

City State Zip Code
 West Chicago IL 60186

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Jel Sert Co

Occupation
Chairman

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 250.00

Date of Receipt

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

Transaction ID: SA11AI.6173

Amount of Each Receipt this Period

250.00

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

C.

Full Name (Last, First, Middle Initial)

Bruce White

Mailing Address 840 N Lake Shore Dr #2601

City State Zip Code
 Chicago IL 60611

FEC ID number of contributing
federal political committee.

C

Name of Employer
White Lodging

Occupation
Chairman

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 1 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.6067

Amount of Each Receipt this Period

2300.00

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

SUBTOTAL of Receipts This Page (optional)

4850.00

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: PAGE 62 / 204

(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)

Oberweis for Congress

A.

Full Name (Last, First, Middle Initial)

Bruce White

Mailing Address 840 N Lake Shore Dr #2601

City

Chicago

State

IL

Zip Code

60611

FEC ID number of contributing
federal political committee.

C

Name of Employer
White Lodging

Occupation
Chairman

Receipt For: 2008

☐ Primary ☐ General
☒ Other (specify) ▼
Special-Primary

Election Cycle-to-Date ▼

4600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.6069

Amount of Each Receipt this Period

2300.00

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

B.

Full Name (Last, First, Middle Initial)

Elizabeth White

Mailing Address 840 N Lake Shore Dr

City

Chicago

State

IL

Zip Code

60611

FEC ID number of contributing
federal political committee.

C

Name of Employer
homemaker

Occupation
homemaker

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.6070

Amount of Each Receipt this Period

2300.00

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

C.

Full Name (Last, First, Middle Initial)

Elizabeth White

Mailing Address 840 N Lake Shore Dr

City

Chicago

State

IL

Zip Code

60611

FEC ID number of contributing
federal political committee.

C

Name of Employer
homemaker

Occupation
homemaker

Receipt For: 2008

☐ Primary ☐ General
☒ Other (specify) ▼
Special-Primary

Election Cycle-to-Date ▼

4600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.6072

Amount of Each Receipt this Period

2300.00

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

SUBTOTAL of Receipts This Page (optional)

6900.00

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: PAGE 63 / 204

(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)

Oberweis for Congress

A.

Full Name (Last, First, Middle Initial)

Witold Wojciechowski

Mailing Address 455 Woodlawn Ave

City

Glencoe

State

IL

Zip Code

60022

FEC ID number of contributing
federal political committee.**C**Name of Employer
Peak 6 Investments

Occupation

Computer Scientist

Receipt For: 2008

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

259.00

Date of Receipt

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

Transaction ID: SA11AI.5722

Amount of Each Receipt this Period

259.00

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

Full Name (Last, First, Middle Initial)

Martin Yokosawa

Mailing Address 9S040 Stearman Dr

City

Naperville

State

IL

Zip Code

60564

FEC ID number of contributing
federal political committee.**C**Name of Employer
Oberweis Asset Management

Occupation

Senior V.P.

Receipt For: 2008

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.5442

Amount of Each Receipt this Period

1000.00

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

Full Name (Last, First, Middle Initial)

Chris Zaenger

Mailing Address 1585 Charlemagne

City

Hoffman Estates

State

IL

Zip Code

60195

FEC ID number of contributing
federal political committee.**C**Name of Employer
Z Management

Occupation

accountant

Receipt For: 2008

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.5542

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)
SUBTOTAL of Receipts This Page (optional)

1509.00

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: PAGE 64 / 204

(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)

Oberweis for Congress

A.

Full Name (Last, First, Middle Initial)

Robert Zielsdorf

Mailing Address 918 Cove Pointe Pl

City

Vero Beach

State

FL

Zip Code

32963

FEC ID number of contributing
federal political committee.

C

Name of Employer
Peerless GroupOccupation
CEO

Receipt For: 2008

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	5	/	2	0	0	7

Transaction ID: SA11AI.5225

Amount of Each Receipt this Period

250.00

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

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

187467.40

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

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

FOR LINE NUMBER: PAGE 65 / 204

(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)

Oberweis for Congress

A.

Full Name (Last, First, Middle Initial)
FRIENDS OF RAY LAHOOD

Mailing Address 4238 N Knoxville Ave
4238 N Knoxville Ave

City State Zip Code
Peoria IL 61614

FEC ID number of contributing
federal political committee.

C C00284901

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11B.6542

Amount of Each Receipt this Period

2000.00

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

B.

Full Name (Last, First, Middle Initial)
PUTNAM FOR CONGRESS

Mailing Address Post Office Box 2257

City State Zip Code
Bartow FL 33831

FEC ID number of contributing
federal political committee.

C C00364117

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

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

Transaction ID: SA11B.6058

Amount of Each Receipt this Period

2300.00

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

C.

Full Name (Last, First, Middle Initial)
PUTNAM FOR CONGRESS

Mailing Address Post Office Box 2257

City State Zip Code
Bartow FL 33831

FEC ID number of contributing
federal political committee.

C C00364117

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☐ General
☒ Other (specify) ▼
Special-Primary

Election Cycle-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID: SA11B.6060

Amount of Each Receipt this Period

200.00

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

SUBTOTAL of Receipts This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

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 66 / 204

(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)

Oberweis for Congress

A.

Full Name (Last, First, Middle Initial)

Barsanti for States Attorney

Mailing Address 211 Chasse Circle

City

St. Charles

State

IL

Zip Code

60174

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

80.00

Date of Receipt

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

Transaction ID: SA11C.6156

Amount of Each Receipt this Period

80.00

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

B.

Full Name (Last, First, Middle Initial)

Citizens to Elect Jim Zay

Mailing Address 1205 Brookstone Drive

City

Carol Stream

State

IL

Zip Code

60188

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11C.6428

Amount of Each Receipt this Period

250.00

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

C.

Full Name (Last, First, Middle Initial)

Citizens to Elect Phyllis K Walters

Mailing Address 1463 Lowe Dr

City

Algonquin

State

IL

Zip Code

60102

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

50.00

Date of Receipt

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

Transaction ID: SA11C.5685

Amount of Each Receipt this Period

50.00

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

SUBTOTAL of Receipts This Page (optional)

380.00

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: PAGE 67 / 204

(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)

Oberweis for Congress

A.

Full Name (Last, First, Middle Initial)

Committee to Elect Ken Koehler

Mailing Address 320 Douglas Ave

City

Crystal Lake

State

IL

Zip Code

60014

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

50.00

Date of Receipt

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

Transaction ID: SA11C.6429

Amount of Each Receipt this Period

50.00

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

B.

Full Name (Last, First, Middle Initial)

Contractors for Free Enterprise

Mailing Address 1691 Elmhurst Rd

City

Elk Grove Village

State

IL

Zip Code

60007

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 6 / 2 0 0 8

Transaction ID: SA11C.6225

Amount of Each Receipt this Period

750.00

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

C.

Full Name (Last, First, Middle Initial)

Directv PAC

Mailing Address 444 North Capitol St NW Ste 728

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11C.5385

Amount of Each Receipt this Period

1000.00

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

SUBTOTAL of Receipts This Page (optional)

1800.00

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: PAGE 68 / 204

(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)

Oberweis for Congress

A.

Full Name (Last, First, Middle Initial)

DUCHOSSOIS INDUSTRIES PAC

Mailing Address 845 Larch Avenue

City

Elmhurst

State

IL

Zip Code

60126

FEC ID number of contributing
federal political committee.

C C00212308

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11C.5842

Amount of Each Receipt this Period

5000.00

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

B.

Full Name (Last, First, Middle Initial)

Every Republican is Crucial PAC

Mailing Address 25 E Main St Suite 200

City

Richmond

State

VA

Zip Code

23219

FEC ID number of contributing
federal political committee.

C C00384701

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11C.5540

Amount of Each Receipt this Period

5000.00

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

C.

Full Name (Last, First, Middle Initial)

ICE CREAM MILK & CHEESE PAC - INTERNATIONAL ICE CREAM ASSOCIATION MILK INDUSTRY FOOD

Mailing Address 1250 H Street NW
Suite 900

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing
federal political committee.

C C00128231

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11C.5383

Amount of Each Receipt this Period

1000.00

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

SUBTOTAL of Receipts This Page (optional)

11000.00

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: PAGE 69 / 204

(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)

Oberweis for Congress

A.

Full Name (Last, First, Middle Initial)

Texas Freedom Fund

Mailing Address 104 E Hume Ave

City

Alexandria

State

VA

Zip Code

22301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11C.5851

Amount of Each Receipt this Period

2000.00

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

B.

Full Name (Last, First, Middle Initial)

U S IMMIGRATION REFORM PAC

Mailing Address 2700 35th Place

City

Washington

State

DC

Zip Code

20007

FEC ID number of contributing
federal political committee.

C

C00253906

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11C.5246

Amount of Each Receipt this Period

500.00

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

C.

Full Name (Last, First, Middle Initial)

WINE INSTITUTE POLITICAL ACTION COMMITTEE

Mailing Address 607 14th Street NW Suite 800
Suite 800

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing
federal political committee.

C

C00065219

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11C.6513

Amount of Each Receipt this Period

500.00

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

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

16180.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 204

(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)

Oberweis for Congress

A.

Full Name (Last, First, Middle Initial)

JAMES D OBERWEIS

Mailing Address 3 BUCKINGHAM DR

City

SUGAR GROVE

State

IL

Zip Code

60554

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oberweis Dairy

Occupation

Chairman of Board

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1667666.52

Date of Receipt

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

Transaction ID: SA11D.6416

Amount of Each Receipt this Period

500.00

In-kind - fundraising exp-
ense
☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)
B.

Full Name (Last, First, Middle Initial)

JAMES D OBERWEIS

Mailing Address 3 BUCKINGHAM DR

City

SUGAR GROVE

State

IL

Zip Code

60554

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oberweis Dairy

Occupation

Chairman of Board

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1695473.86

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	6	/	2	0	0	8

Transaction ID: SA11D.6418

Amount of Each Receipt this Period

27807.34

In-kind - printing

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

SUBTOTAL of Receipts This Page (optional)

28307.34

TOTAL This Period (last page this line number only)

28307.34

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

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

FOR LINE NUMBER: PAGE 71 / 204

(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)

Oberweis for Congress

A.

Full Name (Last, First, Middle Initial)

JAMES D OBERWEIS

Mailing Address 3 BUCKINGHAM DR

City

SUGAR GROVE

State

IL

Zip Code

60554

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oberweis Dairy

Occupation

Chairman of Board

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

652166.52

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 7

Transaction ID: SA13A.6402

Amount of Each Receipt this Period

325000.00

loan

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

B.

Full Name (Last, First, Middle Initial)

JAMES D OBERWEIS

Mailing Address 3 BUCKINGHAM DR

City

SUGAR GROVE

State

IL

Zip Code

60554

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oberweis Dairy

Occupation

Chairman of Board

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

977166.52

Date of Receipt

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

Transaction ID: SA13A.5666

Amount of Each Receipt this Period

325000.00

loan

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

C.

Full Name (Last, First, Middle Initial)

JAMES D OBERWEIS

Mailing Address 3 BUCKINGHAM DR

City

SUGAR GROVE

State

IL

Zip Code

60554

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oberweis Dairy

Occupation

Chairman of Board

Receipt For: 2008

☐ Primary ☐ General
☒ Other (specify) ▼
Special-Primary

Election Cycle-to-Date ▼

1317166.52

Date of Receipt

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

Transaction ID: SA13A.5782

Amount of Each Receipt this Period

340000.00

loan

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

SUBTOTAL of Receipts This Page (optional)

990000.00

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: PAGE 72 / 204

(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)

Oberweis for Congress

A.

Full Name (Last, First, Middle Initial)

JAMES D OBERWEIS

Mailing Address 3 BUCKINGHAM DR

City

SUGAR GROVE

State

IL

Zip Code

60554

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oberweis Dairy

Occupation

Chairman of Board

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1667166.52

Date of Receipt

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

Transaction ID: SA13A.5781

Amount of Each Receipt this Period

350000.00

loan

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

SUBTOTAL of Receipts This Page (optional)

350000.00

TOTAL This Period (last page this line number only)

1340000.00

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

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

FOR LINE NUMBER: PAGE 73 / 204

(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)

Oberweis for Congress

A.

Full Name (Last, First, Middle Initial)

Valley Community Bank

Mailing Address 620 E Main St

City

St. Charles

State

IL

Zip Code

60174

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1101.20

Date of Receipt

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

Transaction ID: SA15.6397

Amount of Each Receipt this Period

345.98

interest income

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

B.

Full Name (Last, First, Middle Initial)

Valley Community Bank

Mailing Address 620 E Main St

City

St. Charles

State

IL

Zip Code

60174

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1472.51

Date of Receipt

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

Transaction ID: SA15.6398

Amount of Each Receipt this Period

371.31

interest income

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

C.

Full Name (Last, First, Middle Initial)

Valley Community Bank

Mailing Address 620 E Main St

City

St. Charles

State

IL

Zip Code

60174

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1842.50

Date of Receipt

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

Transaction ID: SA15.6400

Amount of Each Receipt this Period

369.99

interest income

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

SUBTOTAL of Receipts This Page (optional)

1087.28

TOTAL This Period (last page this line number only)

1087.28

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 74 / 204

☒ 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)
Oberweis for Congress

A.

Full Name (Last, First, Middle Initial)

A&E Technology

Mailing Address 8102 S Lemont Rd, Suite 900

City Woodridge State IL Zip Code 60517

Purpose of Disbursement
photocopier rent

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.5197

Date of Disbursement

11 / 05 / 2007

Amount of Each Disbursement this Period

214.50

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

B.

Full Name (Last, First, Middle Initial)

A&E Technology

Mailing Address 8102 S Lemont Rd, Suite 900

City Woodridge State IL Zip Code 60517

Purpose of Disbursement
photocopier rent

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.5476

Date of Disbursement

11 / 13 / 2007

Amount of Each Disbursement this Period

21.68

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

C.

Full Name (Last, First, Middle Initial)

A&E Technology

Mailing Address 8102 S Lemont Rd, Suite 900

City Woodridge State IL Zip Code 60517

Purpose of Disbursement
copier rental

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.5529

Date of Disbursement

11 / 29 / 2007

Amount of Each Disbursement this Period

243.50

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

SUBTOTAL of Disbursements This Page (optional)

479.68

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 75 / 204

☒ 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)
Oberweis for Congress

A. Full Name (Last, First, Middle Initial) A&E Technology	Transaction ID: SB17.6366 Date of Disbursement
Mailing Address 8102 S Lemont Rd, Suite 900	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 8</div> </div>
City Woodridge State IL Zip Code 60517	Amount of Each Disbursement this Period
Purpose of Disbursement copier rent	<div> <div>214.50</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Ace Hardware	Transaction ID: SB17.5090 Date of Disbursement
Mailing Address 1901 W Wilson	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 8 / 2 0 0 7</div> </div>
City Batavia State IL Zip Code 60510	Amount of Each Disbursement this Period
Purpose of Disbursement office supplies	<div> <div>12.59</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Ace Hardware	Transaction ID: SB17.5744 Date of Disbursement
Mailing Address 1901 W Wilson	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 1 / 2 0 0 8</div> </div>
City Batavia State IL Zip Code 60510	Amount of Each Disbursement this Period
Purpose of Disbursement office supplies	<div> <div>24.60</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

251.69

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 76 / 204

☒ 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)
Oberweis for Congress

A. Full Name (Last, First, Middle Initial) Advantage Inc	Transaction ID: SB17.5125 Date of Disbursement
Mailing Address 2300 Clarendon Blvd, Ste 1004	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 2 / 2 0 0 7</div> </div>
City Arlington State VA Zip Code 22201	Amount of Each Disbursement this Period
Purpose of Disbursement telephone center	<div> <div>8863.74</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Advantage Inc	Transaction ID: SB17.6379 Date of Disbursement
Mailing Address 2300 Clarendon Blvd, Ste 1004	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 6 / 2 0 0 8</div> </div>
City Arlington State VA Zip Code 22201	Amount of Each Disbursement this Period
Purpose of Disbursement phone center	<div> <div>11362.72</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Ancel, Glink, Diamond, Bush, Dicianni & Krafthefer, PC	Transaction ID: SB17.6378 Date of Disbursement
Mailing Address 140 South Dearborn St 6th floor	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 8</div> </div>
City Chicago State IL Zip Code 60603	Amount of Each Disbursement this Period
Purpose of Disbursement legal	<div> <div>646.44</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

20872.90

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 77 / 204

☒ 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)
Oberweis for Congress

A. Full Name (Last, First, Middle Initial) Yvonne Arentz Mailing Address 1429 Indian Lane	Transaction ID: SB17.5109 Date of Disbursement <div> <div>10</div> <div>01</div> <div>2007</div> </div>
City Carpentersville State IL Zip Code 60110 Purpose of Disbursement grass roots consultant Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>1900.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Yvonne Arentz Mailing Address 1429 Indian Lane City Carpentersville State IL Zip Code 60110 Purpose of Disbursement reimbursement-office supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5088 Date of Disbursement <div> <div>10</div> <div>16</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>79.67</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Office Max Mailing Address 321 North Randall Rd City Batavia State IL Zip Code 60510 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5088.0 Date of Disbursement <div> <div>10</div> <div>16</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>79.67</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

1979.67

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 78 / 204

☒ 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)
Oberweis for Congress

A. Full Name (Last, First, Middle Initial) Yvonne Arentz	Transaction ID: SB17.5112 Date of Disbursement
Mailing Address 1429 Indian Lane	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 6 / 2 0 0 7</div> </div>
City Carpentersville State IL Zip Code 60110	Amount of Each Disbursement this Period
Purpose of Disbursement grass roots consultant	<div> <div>1500.00</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Yvonne Arentz	Transaction ID: SB17.5176 Date of Disbursement
Mailing Address 1429 Indian Lane	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 1 / 2 0 0 7</div> </div>
City Carpentersville State IL Zip Code 60110	Amount of Each Disbursement this Period
Purpose of Disbursement grass roots consultant	<div> <div>1500.00</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Yvonne Arentz	Transaction ID: SB17.5196 Date of Disbursement
Mailing Address 1429 Indian Lane	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 5 / 2 0 0 7</div> </div>
City Carpentersville State IL Zip Code 60110	Amount of Each Disbursement this Period
Purpose of Disbursement travel - mileage	<div> <div>72.75</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

3072.75

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 79 / 204

☒ 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)
Oberweis for Congress

A. Full Name (Last, First, Middle Initial) Yvonne Arentz	Transaction ID: SB17.5502 Date of Disbursement
Mailing Address 1429 Indian Lane	<div> <div>11</div> <div>16</div> <div>2007</div> </div>
City Carpentersville State IL Zip Code 60110	Amount of Each Disbursement this Period
Purpose of Disbursement grass roots consultant	<div>1500.00</div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Yvonne Arentz	Transaction ID: SB17.5568 Date of Disbursement
Mailing Address 1429 Indian Lane	<div> <div>12</div> <div>01</div> <div>2007</div> </div>
City Carpentersville State IL Zip Code 60110	Amount of Each Disbursement this Period
Purpose of Disbursement grass roots consultant	<div>1500.00</div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Yvonne Arentz	Transaction ID: SB17.5631 Date of Disbursement
Mailing Address 1429 Indian Lane	<div> <div>12</div> <div>16</div> <div>2007</div> </div>
City Carpentersville State IL Zip Code 60110	Amount of Each Disbursement this Period
Purpose of Disbursement grass roots consultant	<div>1500.00</div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

4500.00

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 PageFOR LINE NUMBER:
(check only one)

PAGE 80 / 204

<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)
Oberweis for Congress**A.**

Full Name (Last, First, Middle Initial)

Yvonne Arentz

Mailing Address 1429 Indian Lane

City State Zip Code
Carpentersville IL 60110Purpose of Disbursement
grass roots consultant

Candidate Name

001
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.5732

Date of Disbursement

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

Amount of Each Disbursement this Period

1500.00

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

Full Name (Last, First, Middle Initial)

Yvonne Arentz

Mailing Address 1429 Indian Lane

City State Zip Code
Carpentersville IL 60110Purpose of Disbursement
grass roots consultant

Candidate Name

001
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.5769

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	6		2	0	0	8

Amount of Each Disbursement this Period

1500.00

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

Full Name (Last, First, Middle Initial)

Aspect Media

Mailing Address 163 Pleasant View Rd

City State Zip Code
Stanton VA 24401Purpose of Disbursement
media

Candidate Name

004
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.5140

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	6		2	0	0	7

Amount of Each Disbursement this Period

5000.00

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

SUBTOTAL of Disbursements This Page (optional)

8000.00

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 PageFOR LINE NUMBER:
(check only one)

PAGE 81 / 204

<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)
Oberweis for Congress**A.**

Full Name (Last, First, Middle Initial)

Aspect Media

Mailing Address 163 Pleasant View Rd

City Stanton State VA Zip Code 24401

Purpose of Disbursement
media

Candidate Name

004
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.5473

Date of Disbursement

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

Amount of Each Disbursement this Period

5000.00

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

Full Name (Last, First, Middle Initial)

Aspect Media

Mailing Address 163 Pleasant View Rd

City Stanton State VA Zip Code 24401

Purpose of Disbursement
media

Candidate Name

004
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.5602

Date of Disbursement

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

Amount of Each Disbursement this Period

15000.00

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

Full Name (Last, First, Middle Initial)

AT&T

Mailing Address PO Box 8100

City Aurora State IL Zip Code 60507

Purpose of Disbursement
telephone expense

Candidate Name

001
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.5135

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	4	/	2	0	0	7

Amount of Each Disbursement this Period

93.20

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

SUBTOTAL of Disbursements This Page (optional)

20093.20

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 82 / 204

☒ 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)
Oberweis for Congress

A. Full Name (Last, First, Middle Initial) AT&T Mailing Address PO Box 8100	Transaction ID: SB17.5532 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 3 0 / 2 0 0 7</div> </div>
City Aurora State IL Zip Code 60507 Purpose of Disbursement telephone line deposit Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <div>600.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Authorize.Net Corp Mailing Address 915 South 500 East, Ste 200 City American Fork State UT Zip Code 84003 Purpose of Disbursement credit card fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.6347 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 3 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>304.04</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Jeffrey Baker Mailing Address 1939 North Lincoln Ave #304 City Chicago State IL Zip Code 60614 Purpose of Disbursement campaign research Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.6376 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 6 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>2145.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

3049.04

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 83 / 204

☒ 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)
Oberweis for Congress

A. Full Name (Last, First, Middle Initial) Bellwether Consulting Group	Transaction ID: SB17.5514 Date of Disbursement
Mailing Address 1111 19th St, NW Ste 1150	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 2 0 / 2 0 0 7</div> </div>
City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period
Purpose of Disbursement phone center Candidate Name	<div> <div>2000.00</div> <div><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Bellwether Consulting Group	Transaction ID: SB17.5599 Date of Disbursement
Mailing Address 1111 19th St, NW Ste 1150	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 1 / 2 0 0 7</div> </div>
City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period
Purpose of Disbursement phone center Candidate Name	<div> <div>44.92</div> <div><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Bellwether Consulting Group	Transaction ID: SB17.5653 Date of Disbursement
Mailing Address 1111 19th St, NW Ste 1150	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 2 6 / 2 0 0 7</div> </div>
City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period
Purpose of Disbursement phone center Candidate Name	<div> <div>1000.00</div> <div><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

3044.92

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 84 / 204

☒ 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)
Oberweis for Congress

A. Full Name (Last, First, Middle Initial) Bellwether Consulting Group	Transaction ID: SB17.5757 Date of Disbursement
Mailing Address 1111 19th St, NW Ste 1150	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 5 / 2 0 0 8</div> </div>
City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period
Purpose of Disbursement fundraiser	<div> <div>312.38</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Bellwether Consulting Group	Transaction ID: SB17.5764 Date of Disbursement
Mailing Address 1111 19th St, NW Ste 1150	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 0 / 2 0 0 8</div> </div>
City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period
Purpose of Disbursement fundraiser	<div> <div>594.08</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Best Buy	Transaction ID: SB17.5065 Date of Disbursement
Mailing Address 1876 South Randall Road	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 5 / 2 0 0 7</div> </div>
City Geneva State IL Zip Code 60134	Amount of Each Disbursement this Period
Purpose of Disbursement office equipment	<div> <div>271.55</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
SUBTOTAL of Disbursements This Page (optional)	<div> <div>1178.01</div> </div>
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 85 / 204

☒ 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)
Oberweis for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Best Buy</p> <p>Mailing Address 1876 South Randall Road</p> <p>City Geneva State IL Zip Code 60134</p> <p>Purpose of Disbursement office equipment</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5193</p> <p>Date of Disbursement <div> <div>11</div> <div>05</div> <div>2007</div> </div> </p> <p>Amount of Each Disbursement this Period <div>37.79</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) BFC</p> <p>Mailing Address 1051 N Kirk Rd</p> <p>City Batavia State IL Zip Code 60510</p> <p>Purpose of Disbursement fundraising invitations</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5128</p> <p>Date of Disbursement <div> <div>10</div> <div>09</div> <div>2007</div> </div> </p> <p>Amount of Each Disbursement this Period <div>654.57</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) BFC</p> <p>Mailing Address 1051 N Kirk Rd</p> <p>City Batavia State IL Zip Code 60510</p> <p>Purpose of Disbursement fundraising invitations</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5129</p> <p>Date of Disbursement <div> <div>10</div> <div>30</div> <div>2007</div> </div> </p> <p>Amount of Each Disbursement this Period <div>1147.62</div> </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)

1839.98

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 86 / 204

☒ 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)
Oberweis for Congress

A. Full Name (Last, First, Middle Initial) BFC Mailing Address 1051 N Kirk Rd	Transaction ID: SB17.5199 Date of Disbursement <div> <div>11</div> <div>08</div> <div>2007</div> </div>
City Batavia State IL Zip Code 60510 Purpose of Disbursement printing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>35.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) BFC Mailing Address 1051 N Kirk Rd	Transaction ID: SB17.5475 Date of Disbursement <div> <div>11</div> <div>13</div> <div>2007</div> </div>
City Batavia State IL Zip Code 60510 Purpose of Disbursement mailer postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>16383.62</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) BFC Mailing Address 1051 N Kirk Rd	Transaction ID: SB17.5495 Date of Disbursement <div> <div>11</div> <div>16</div> <div>2007</div> </div>
City Batavia State IL Zip Code 60510 Purpose of Disbursement mailer postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>16353.62</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

32772.24

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 87 / 204

☒ 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)
Oberweis for Congress

A. Full Name (Last, First, Middle Initial) BFC	Transaction ID: SB17.5590
Mailing Address	Date of Disbursement
1051 N Kirk Rd	<div> <div>12</div> <div>04</div> <div>2007</div> </div>
City Batavia	Amount of Each Disbursement this Period
State IL	<div>35.00</div>
Zip Code 60510	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement printing	<div>006</div>
Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	
B. Full Name (Last, First, Middle Initial) BFC	Transaction ID: SB17.5646
Mailing Address	Date of Disbursement
1051 N Kirk Rd	<div> <div>12</div> <div>20</div> <div>2007</div> </div>
City Batavia	Amount of Each Disbursement this Period
State IL	<div>16383.62</div>
Zip Code 60510	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement printing	<div>006</div>
Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	
C. Full Name (Last, First, Middle Initial) BFC	Transaction ID: SB17.5752
Mailing Address	Date of Disbursement
1051 N Kirk Rd	<div> <div>01</div> <div>04</div> <div>2008</div> </div>
City Batavia	Amount of Each Disbursement this Period
State IL	<div>16382.12</div>
Zip Code 60510	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement printing	<div>006</div>
Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	

SUBTOTAL of Disbursements This Page (optional)

32800.74

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 88 / 204

☒ 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)
Oberweis for Congress

A.

Full Name (Last, First, Middle Initial)
BFC

Mailing Address 1051 N Kirk Rd

City State Zip Code
Batavia IL 60510

Purpose of Disbursement
printing

Candidate Name

006
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.5753

Date of Disbursement

01 / 04 / 2008

Amount of Each Disbursement this Period

3912.50

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

B.

Full Name (Last, First, Middle Initial)
BFC

Mailing Address 1051 N Kirk Rd

City State Zip Code
Batavia IL 60510

Purpose of Disbursement
printing

Candidate Name

006
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.5762

Date of Disbursement

01 / 09 / 2008

Amount of Each Disbursement this Period

32482.62

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

C.

Full Name (Last, First, Middle Initial)
BFC

Mailing Address 1051 N Kirk Rd

City State Zip Code
Batavia IL 60510

Purpose of Disbursement
printing

Candidate Name

006
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.6382

Date of Disbursement

01 / 15 / 2008

Amount of Each Disbursement this Period

9361.65

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

SUBTOTAL of Disbursements This Page (optional)

45756.77

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 89 / 204

☒ 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)
Oberweis for Congress

A. Full Name (Last, First, Middle Initial)
Burnham Strategies Group LLC

Mailing Address PO Box 488

City State Zip Code
Batavia IL 60510

Purpose of Disbursement
campaign management
Candidate Name

001
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼
 State: District:

Transaction ID: SB17.5097

Date of Disbursement

10 / 01 / 2007

Amount of Each Disbursement this Period

9000.00

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

B. Full Name (Last, First, Middle Initial)
Burnham Strategies Group LLC

Mailing Address PO Box 488

City State Zip Code
Batavia IL 60510

Purpose of Disbursement
campaign management
Candidate Name

001
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼
 State: District:

Transaction ID: SB17.5187

Date of Disbursement

11 / 01 / 2007

Amount of Each Disbursement this Period

9000.00

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

C. Full Name (Last, First, Middle Initial)
Burnham Strategies Group LLC

Mailing Address PO Box 488

City State Zip Code
Batavia IL 60510

Purpose of Disbursement
travel
Candidate Name

002
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼
 State: District:

Transaction ID: SB17.5204

Date of Disbursement

11 / 12 / 2007

Amount of Each Disbursement this Period

248.23

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

SUBTOTAL of Disbursements This Page (optional)

18248.23

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 90 / 204

☒ 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)
Oberweis for Congress

A.

Full Name (Last, First, Middle Initial)
Hilton Hotels

Mailing Address 700 East Adams St

City Springfield State IL Zip Code 62701

Purpose of Disbursement
hotel

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.5204.0

Date of Disbursement

10 / 30 / 2007

Amount of Each Disbursement this Period

163.90

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Burnham Strategies Group LLC

Mailing Address PO Box 488

City Batavia State IL Zip Code 60510

Purpose of Disbursement
campaign management

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.5576

Date of Disbursement

12 / 01 / 2007

Amount of Each Disbursement this Period

9000.00

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

C.

Full Name (Last, First, Middle Initial)
Burnham Strategies Group LLC

Mailing Address PO Box 488

City Batavia State IL Zip Code 60510

Purpose of Disbursement
reimbursement

Candidate Name

012
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.6239

Date of Disbursement

12 / 03 / 2007

Amount of Each Disbursement this Period

1302.00

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

SUBTOTAL of Disbursements This Page (optional)

10302.00

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 PageFOR LINE NUMBER:
(check only one)

PAGE 91 / 204

<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)
Oberweis for Congress

A. Full Name (Last, First, Middle Initial) AMC Cantera 30	Transaction ID: SB17.6239.0 Date of Disbursement																				
Mailing Address 28250 Diehl Rd	<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>2</td><td></td><td>0</td><td>3</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	2		0	3		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	3		2	0	0	7												
City Warrenville State IL Zip Code 60555	Amount of Each Disbursement this Period																				
Purpose of Disbursement event sponsorship	<table border="1"> <tr> <td>1302.00</td> </tr> </table>	1302.00																			
1302.00																					
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]																				
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
B. Full Name (Last, First, Middle Initial) Burnham Strategies Group LLC	Transaction ID: SB17.5623 Date of Disbursement																				
Mailing Address PO Box 488	<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>2</td><td></td><td>1</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	2		1	4		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	4		2	0	0	7												
City Batavia State IL Zip Code 60510	Amount of Each Disbursement this Period																				
Purpose of Disbursement reimburse travel expense	<table border="1"> <tr> <td>537.62</td> </tr> </table>	537.62																			
537.62																					
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:	[MEMO ITEM]																				
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
C. Full Name (Last, First, Middle Initial) Hilton Hotels	Transaction ID: SB17.5623.1 Date of Disbursement																				
Mailing Address 700 East Adams St	<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>2</td><td></td><td>1</td><td>0</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	2		1	0		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	0		2	0	0	7												
City Springfield State IL Zip Code 62701	Amount of Each Disbursement this Period																				
Purpose of Disbursement hotel	<table border="1"> <tr> <td>147.40</td> </tr> </table>	147.40																			
147.40																					
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]																				
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					

SUBTOTAL of Disbursements This Page (optional)

537.62

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 92 / 204

☒ 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)
Oberweis for Congress

A. Full Name (Last, First, Middle Initial)
Burnham Strategies Group LLC

Mailing Address PO Box 488

City State Zip Code
Batavia IL 60510

Purpose of Disbursement
mileage reimbursement
Candidate Name

002
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼
 State: District:

Transaction ID: SB17.5623.3

Date of Disbursement

12 / 14 / 2007

Amount of Each Disbursement this Period

216.32

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

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Burnham Strategies Group LLC

Mailing Address PO Box 488

City State Zip Code
Batavia IL 60510

Purpose of Disbursement
reimburse travel
Candidate Name

002
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼
 State: District:

Transaction ID: SB17.5650

Date of Disbursement

12 / 26 / 2007

Amount of Each Disbursement this Period

30.00

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

C. Full Name (Last, First, Middle Initial)
O'Hare Int'l Airport

Mailing Address PO Box 66179

City State Zip Code
Chicago IL 60666

Purpose of Disbursement
parking
Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼
 State: District:

Transaction ID: SB17.5650.0

Date of Disbursement

12 / 12 / 2007

Amount of Each Disbursement this Period

30.00

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

30.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 93 / 204

☒ 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)
Oberweis for Congress

A. Full Name (Last, First, Middle Initial)
Burnham Strategies Group LLC

Mailing Address PO Box 488

City State Zip Code
Batavia IL 60510

Purpose of Disbursement
campaign management
Candidate Name

001
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼
 State: District:

Transaction ID: SB17.5738

Date of Disbursement

01 / 01 / 2008

Amount of Each Disbursement this Period

9000.00

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

B. Full Name (Last, First, Middle Initial)
John Byers

Mailing Address 107 12th St E

City State Zip Code
Tierra Verde FL 33715

Purpose of Disbursement
campaign management
Candidate Name

001
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼
 State: District:

Transaction ID: SB17.5110

Date of Disbursement

10 / 01 / 2007

Amount of Each Disbursement this Period

2500.00

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

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

Mailing Address 107 12th St E

City State Zip Code
Tierra Verde FL 33715

Purpose of Disbursement
reimbursement-parking
Candidate Name

002
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼
 State: District:

Transaction ID: SB17.5136

Date of Disbursement

10 / 01 / 2007

Amount of Each Disbursement this Period

27.00

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

SUBTOTAL of Disbursements This Page (optional)

11527.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 94 / 204

☒ 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)
Oberweis for Congress

A.

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

Mailing Address 107 12th St E

City State Zip Code
Tierra Verde FL 33715

Purpose of Disbursement
reimburse office equipment
Candidate Name

001
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼
 State: District:

Transaction ID: SB17.5064
Date of Disbursement

10 / 15 / 2007

Amount of Each Disbursement this Period

318.75

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

B.

Full Name (Last, First, Middle Initial)
T-Mobile

Mailing Address PO Box 742596

City State Zip Code
Cincinnati OH 45274

Purpose of Disbursement
telephone equipment
Candidate Name

001
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼
 State: District:

Transaction ID: SB17.5064.0
Date of Disbursement

10 / 12 / 2007

Amount of Each Disbursement this Period

318.75

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

[MEMO ITEM]

C.

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

Mailing Address 107 12th St E

City State Zip Code
Tierra Verde FL 33715

Purpose of Disbursement
campaign management
Candidate Name

001
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼
 State: District:

Transaction ID: SB17.5103
Date of Disbursement

10 / 16 / 2007

Amount of Each Disbursement this Period

2500.00

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

SUBTOTAL of Disbursements This Page (optional)

2818.75

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 95 / 204

☒ 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)
Oberweis for Congress

A. Full Name (Last, First, Middle Initial) John Byers Mailing Address 107 12th St E	Transaction ID: SB17.5182 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2007</div> </div>
City State Zip Code Tierra Verde FL 33715 Purpose of Disbursement campaign management Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <div>5000.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) John Byers Mailing Address 107 12th St E City State Zip Code Tierra Verde FL 33715 Purpose of Disbursement campaign management Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.5574 Date of Disbursement <div> <div>12</div> <div>01</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>5000.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) John Byers Mailing Address 107 12th St E City State Zip Code Tierra Verde FL 33715 Purpose of Disbursement phone cords Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.5625 Date of Disbursement <div> <div>12</div> <div>14</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>43.06</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

10043.06

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 PageFOR LINE NUMBER:
(check only one)

PAGE 96 / 204

<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)
Oberweis for Congress**A.**Full Name (Last, First, Middle Initial)
Office Depot

Mailing Address 2302 West Indian Trail Rd

City Aurora State IL Zip Code 60506

Purpose of Disbursement
office supplies
Candidate Name001
Category/
TypeOffice Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼
State: District:Transaction ID: SB17.5625.0
Date of DisbursementM M / D D / Y Y Y Y
1 2 / 0 7 / 2 0 0 7

Amount of Each Disbursement this Period

43.06

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]****B.**Full Name (Last, First, Middle Initial)
John Byers

Mailing Address 107 12th St E

City Tierra Verde State FL Zip Code 33715

Purpose of Disbursement
campaign management
Candidate Name001
Category/
TypeOffice Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼
State: District:Transaction ID: SB17.5740
Date of DisbursementM M / D D / Y Y Y Y
0 1 / 0 1 / 2 0 0 8

Amount of Each Disbursement this Period

5000.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**C.**Full Name (Last, First, Middle Initial)
Challenge Properties

Mailing Address 525 North River St, Ste 200

City Batavia State IL Zip Code 60510

Purpose of Disbursement
office rent
Candidate Name001
Category/
TypeOffice Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼
State: District:Transaction ID: SB17.5130
Date of DisbursementM M / D D / Y Y Y Y
1 0 / 0 1 / 2 0 0 7

Amount of Each Disbursement this Period

232.00

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

SUBTOTAL of Disbursements This Page (optional)

5232.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 97 / 204

☒ 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)
Oberweis for Congress

A.

Full Name (Last, First, Middle Initial)
Challenge Properties

Mailing Address 525 North River St, Ste 200

City State Zip Code
Batavia IL 60510

Purpose of Disbursement
office rent

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.5131

Date of Disbursement

10 / 01 / 2007

Amount of Each Disbursement this Period

2366.00

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

B.

Full Name (Last, First, Middle Initial)
Challenge Properties

Mailing Address 525 North River St, Ste 200

City State Zip Code
Batavia IL 60510

Purpose of Disbursement
office rent

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.5170

Date of Disbursement

11 / 01 / 2007

Amount of Each Disbursement this Period

2366.00

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

C.

Full Name (Last, First, Middle Initial)
Challenge Properties

Mailing Address 525 North River St, Ste 200

City State Zip Code
Batavia IL 60510

Purpose of Disbursement
office rent

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.5581

Date of Disbursement

12 / 01 / 2007

Amount of Each Disbursement this Period

2366.00

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

SUBTOTAL of Disbursements This Page (optional)

7098.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 98 / 204

☒ 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)
Oberweis for Congress

A. Full Name (Last, First, Middle Initial) Challenge Properties	Transaction ID: SB17.5741 Date of Disbursement
Mailing Address 525 North River St, Ste 200	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 1 / 2 0 0 8</div> </div>
City Batavia State IL Zip Code 60510	Amount of Each Disbursement this Period
Purpose of Disbursement office rent	<div> <div>2266.00</div> </div>
Candidate Name	<div> <div>001</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<div> <div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 </div> </div>
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) Chef Eileen Barrett, cpc	Transaction ID: SB17.5596 Date of Disbursement
Mailing Address 34W049 Fo River Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 1 / 2 0 0 7</div> </div>
City East Dundee State IL Zip Code 60118-3224	Amount of Each Disbursement this Period
Purpose of Disbursement catering	<div> <div>250.00</div> </div>
Candidate Name	<div> <div>003</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<div> <div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 </div> </div>
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) City of Batavia	Transaction ID: SB17.5145 Date of Disbursement
Mailing Address 100 N Island Ave	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 0 7</div> </div>
City Batavia State IL Zip Code 60510	Amount of Each Disbursement this Period
Purpose of Disbursement utilities	<div> <div>94.36</div> </div>
Candidate Name	<div> <div>001</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<div> <div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 </div> </div>
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)

2610.36

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 99 / 204

☒ 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)
Oberweis for Congress

A.

Full Name (Last, First, Middle Initial)

City of Batavia

Mailing Address 100 N Island Ave

City Batavia State IL Zip Code 60510

Purpose of Disbursement
utilities

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.5516

Date of Disbursement

11 / 20 / 2007

Amount of Each Disbursement this Period

75.25

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

B.

Full Name (Last, First, Middle Initial)

City of Batavia

Mailing Address 100 N Island Ave

City Batavia State IL Zip Code 60510

Purpose of Disbursement
utilities

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.5648

Date of Disbursement

12 / 26 / 2007

Amount of Each Disbursement this Period

72.50

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

C.

Full Name (Last, First, Middle Initial)

Benjamin Colar

Mailing Address 5117 Webster St

City Philadelphia State PA Zip Code 19143

Purpose of Disbursement
yard signs

Candidate Name

006
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.5133

Date of Disbursement

10 / 22 / 2007

Amount of Each Disbursement this Period

5000.00

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

SUBTOTAL of Disbursements This Page (optional)

5147.75

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 100 / 204

☒ 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)
Oberweis for Congress

A.

Full Name (Last, First, Middle Initial)
Condor Consultants

Mailing Address 137 S State St

City Geneseo State IL Zip Code 61244

Purpose of Disbursement
grass roots consultant
Candidate Name

001
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼
 State: District:

Transaction ID: SB17.5105
Date of Disbursement

10 / 01 / 2007

Amount of Each Disbursement this Period

750.00

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

B.

Full Name (Last, First, Middle Initial)
Condor Consultants

Mailing Address 137 S State St

City Geneseo State IL Zip Code 61244

Purpose of Disbursement
grass roots consultant
Candidate Name

001
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼
 State: District:

Transaction ID: SB17.5117
Date of Disbursement

10 / 16 / 2007

Amount of Each Disbursement this Period

750.00

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

C.

Full Name (Last, First, Middle Initial)
Condor Consultants

Mailing Address 137 S State St

City Geneseo State IL Zip Code 61244

Purpose of Disbursement
grass roots consultant
Candidate Name

001
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼
 State: District:

Transaction ID: SB17.5180
Date of Disbursement

11 / 01 / 2007

Amount of Each Disbursement this Period

750.00

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

SUBTOTAL of Disbursements This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 101 / 204

☒ 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)
Oberweis for Congress

A. Full Name (Last, First, Middle Initial) Condor Consultants	Transaction ID: SB17.5501 Date of Disbursement
Mailing Address 137 S State St	<div> <div>^M1</div> <div>^M1</div> <div>/</div> <div>^D1</div> <div>^D6</div> <div>/</div> <div>^Y2</div> <div>^Y0</div> <div>^Y0</div> <div>^Y7</div> </div>
City Geneseo State IL Zip Code 61244	Amount of Each Disbursement this Period
Purpose of Disbursement grass roots consultant	<div>750.00</div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Condor Consultants	Transaction ID: SB17.5572 Date of Disbursement
Mailing Address 137 S State St	<div> <div>^M1</div> <div>^M2</div> <div>/</div> <div>^D0</div> <div>^D1</div> <div>/</div> <div>^Y2</div> <div>^Y0</div> <div>^Y0</div> <div>^Y7</div> </div>
City Geneseo State IL Zip Code 61244	Amount of Each Disbursement this Period
Purpose of Disbursement grass roots consultant	<div>750.00</div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Condor Consultants	Transaction ID: SB17.5635 Date of Disbursement
Mailing Address 137 S State St	<div> <div>^M1</div> <div>^M2</div> <div>/</div> <div>^D1</div> <div>^D6</div> <div>/</div> <div>^Y2</div> <div>^Y0</div> <div>^Y0</div> <div>^Y7</div> </div>
City Geneseo State IL Zip Code 61244	Amount of Each Disbursement this Period
Purpose of Disbursement grass roots consultant	<div>750.00</div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 102 / 204

☒ 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)
Oberweis for Congress

A. Full Name (Last, First, Middle Initial) Condor Consultants	Transaction ID: SB17.5736 Date of Disbursement
Mailing Address 137 S State St	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 1 / 2 0 0 8</div> </div>
City Geneseo State IL Zip Code 61244	Amount of Each Disbursement this Period <div>750.00</div>
Purpose of Disbursement grass roots consultant Candidate Name	<div> <div>001</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 </div>
B. Full Name (Last, First, Middle Initial) Condor Consultants	Transaction ID: SB17.5774 Date of Disbursement
Mailing Address 137 S State St	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 6 / 2 0 0 8</div> </div>
City Geneseo State IL Zip Code 61244	Amount of Each Disbursement this Period <div>750.00</div>
Purpose of Disbursement grass roots consultant Candidate Name	<div> <div>001</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 </div>
C. Full Name (Last, First, Middle Initial) Data-Tel Communications	Transaction ID: SB17.5192 Date of Disbursement
Mailing Address 118 North Clinton St Suite 360-LL	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 2 / 2 0 0 7</div> </div>
City Chicago State IL Zip Code 60661	Amount of Each Disbursement this Period <div>277.50</div>
Purpose of Disbursement computer equipment Candidate Name	<div> <div>001</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 </div>

SUBTOTAL of Disbursements This Page (optional)

1777.50

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 103 / 204

☒ 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)
Oberweis for Congress

A.

Full Name (Last, First, Middle Initial)
Data-Tel Communications

Mailing Address 118 North Clinton St
Suite 360-LL

City Chicago State IL Zip Code 60661

Purpose of Disbursement
office equipment

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.5655

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1429.00

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

B.

Full Name (Last, First, Middle Initial)
Dell Marketing

Mailing Address PO Box 222030

City Dallas State TX Zip Code 75222-2030

Purpose of Disbursement
office equipment

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.5521

Date of Disbursement

/ /

Amount of Each Disbursement this Period

455.98

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

C.

Full Name (Last, First, Middle Initial)
Deluxe Checks

Mailing Address PO Box 64046

City St. Paul State MN Zip Code 55164-0046

Purpose of Disbursement
checks

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☐ Primary ☐ General
☒ Other (specify) ▼

Special-Primary

Transaction ID: SB17.6371

Date of Disbursement

/ /

Amount of Each Disbursement this Period

60.00

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

SUBTOTAL of Disbursements This Page (optional)

1944.98

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 PageFOR LINE NUMBER:
(check only one)

PAGE 104 / 204

<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)
Oberweis for Congress**A.**Full Name (Last, First, Middle Initial)
Deluxe Checks

Mailing Address PO Box 64046

City State Zip Code
St. Paul MN 55164-0046Purpose of Disbursement
office supplies
Candidate Name001
Category/
TypeOffice Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼
State: District:

Transaction ID: SB17.5589

Date of Disbursement

M M / D D / Y Y Y Y
1 2 / 0 4 / 2 0 0 7

Amount of Each Disbursement this Period

66.32

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**B.**Full Name (Last, First, Middle Initial)
Diamond Graphics

Mailing Address 6625 West 26th St

City State Zip Code
Berwyn IL 60402Purpose of Disbursement
printing
Candidate Name006
Category/
TypeOffice Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼
State: District:

Transaction ID: SB17.5530

Date of Disbursement

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

Amount of Each Disbursement this Period

1506.40

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**C.**Full Name (Last, First, Middle Initial)
Diamond Graphics

Mailing Address 6625 West 26th St

City State Zip Code
Berwyn IL 60402Purpose of Disbursement
office supplies
Candidate Name001
Category/
TypeOffice Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼
State: District:

Transaction ID: SB17.5598

Date of Disbursement

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

Amount of Each Disbursement this Period

718.50

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

SUBTOTAL of Disbursements This Page (optional)

2291.22

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 105 / 204

☒ 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)
Oberweis for Congress

A.

Full Name (Last, First, Middle Initial)
Diamond Graphics

Mailing Address 6625 West 26th St

City State Zip Code
Berwyn IL 60402

Purpose of Disbursement
printing

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.6381

Date of Disbursement

01 / 15 / 2008

Amount of Each Disbursement this Period

2623.66

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

B.

Full Name (Last, First, Middle Initial)
Direct TV

Mailing Address PO Box 60036

City State Zip Code
Los Angeles CA 90060

Purpose of Disbursement
cable

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.5756

Date of Disbursement

01 / 05 / 2008

Amount of Each Disbursement this Period

84.96

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

C.

Full Name (Last, First, Middle Initial)
Jennifer DuMont

Mailing Address 800 Shady Ln

City State Zip Code
Aurora IL 60506

Purpose of Disbursement
salary

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.5147

Date of Disbursement

10 / 01 / 2007

Amount of Each Disbursement this Period

1568.00

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

SUBTOTAL of Disbursements This Page (optional)

4276.62

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 106 / 204

☒ 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)
Oberweis for Congress

A. Full Name (Last, First, Middle Initial) Jennifer DuMont Mailing Address 800 Shady Ln	Transaction ID: SB17.5081 Date of Disbursement <div> <div>10</div> <div>09</div> <div>2007</div> </div>
City Aurora State IL Zip Code 60506 Purpose of Disbursement reimbursement-office supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>27.68</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Office Max Mailing Address 321 North Randall Rd City Batavia State IL Zip Code 60510 Purpose of Disbursement office supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5081.0 Date of Disbursement <div> <div>10</div> <div>09</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>27.68</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) Jennifer DuMont Mailing Address 800 Shady Ln City Aurora State IL Zip Code 60506 Purpose of Disbursement reimbursement-office supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5086 Date of Disbursement <div> <div>10</div> <div>15</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>59.05</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

86.73

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 PageFOR LINE NUMBER:
(check only one)

PAGE 107 / 204

<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)
Oberweis for Congress

A.	Full Name (Last, First, Middle Initial) Ace Hardware	Transaction ID: SB17.5086.0 Date of Disbursement 10 / 11 / 2007
Mailing Address 1901 W Wilson		
City Batavia State IL Zip Code 60510		Amount of Each Disbursement this Period 15.43
Purpose of Disbursement office supplies Candidate Name		001 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) Postmaster	Transaction ID: SB17.5086.2 Date of Disbursement 10 / 02 / 2007
Mailing Address 500 N Randall Rd		
City Batavia State IL Zip Code 60510-1974		Amount of Each Disbursement this Period 5.99
Purpose of Disbursement postage Candidate Name		001 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Postmaster	Transaction ID: SB17.5086.3 Date of Disbursement 10 / 02 / 2007
Mailing Address 500 N Randall Rd		
City Batavia State IL Zip Code 60510-1974		Amount of Each Disbursement this Period 6.49
Purpose of Disbursement postage Candidate Name		001 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)		0.00
TOTAL This Period (last page this line number only)		

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

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

FOR LINE NUMBER:
(check only one)

PAGE 108 / 204

☒ 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)
Oberweis for Congress

A. Full Name (Last, First, Middle Initial) Postmaster Mailing Address 500 N Randall Rd	Transaction ID: SB17.5086.5 Date of Disbursement <div> <div>10</div> <div>10</div> <div>2007</div> </div>
City Batavia State IL Zip Code 60510-1974 Purpose of Disbursement postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>4.60</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) Jennifer DuMont Mailing Address 800 Shady Ln City Aurora State IL Zip Code 60506 Purpose of Disbursement salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5153 Date of Disbursement <div> <div>10</div> <div>16</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>1568.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Jennifer DuMont Mailing Address 800 Shady Ln City Aurora State IL Zip Code 60506 Purpose of Disbursement reimbursement-office supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5093 Date of Disbursement <div> <div>10</div> <div>24</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>61.39</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

1629.39

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 109 / 204

☒ 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)
Oberweis for Congress

A.

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

Mailing Address 321 North Randall Rd

City State Zip Code
Batavia IL 60510

Purpose of Disbursement
office supplies
Candidate Name

001
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼
 State: District:

Transaction ID: SB17.5093.0
Date of Disbursement

10 / 23 / 2007

Amount of Each Disbursement this Period

44.56

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Jennifer DuMont

Mailing Address 800 Shady Ln

City State Zip Code
Aurora IL 60506

Purpose of Disbursement
reimbursement-office supplies
Candidate Name

001
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼
 State: District:

Transaction ID: SB17.5095
Date of Disbursement

10 / 30 / 2007

Amount of Each Disbursement this Period

33.35

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

C.

Full Name (Last, First, Middle Initial)
Jennifer DuMont

Mailing Address 800 Shady Ln

City State Zip Code
Aurora IL 60506

Purpose of Disbursement
salary
Candidate Name

001
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼
 State: District:

Transaction ID: SB17.5172
Date of Disbursement

11 / 01 / 2007

Amount of Each Disbursement this Period

1568.00

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

SUBTOTAL of Disbursements This Page (optional)

1601.35

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 110 / 204

☒ 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)
Oberweis for Congress

A. Full Name (Last, First, Middle Initial) Jennifer DuMont Mailing Address 800 Shady Ln	Transaction ID: SB17.5203 Date of Disbursement <div> <div>11</div> <div>08</div> <div>2007</div> </div>
City Aurora State IL Zip Code 60506 Purpose of Disbursement reimburse office supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <div>48.80</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Office Depot Mailing Address 2302 West Indian Trail Rd City Aurora State IL Zip Code 60506 Purpose of Disbursement office supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.5203.0 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>42.51</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) Postmaster Mailing Address 500 N Randall Rd City Batavia State IL Zip Code 60510-1974 Purpose of Disbursement postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.5203.1 Date of Disbursement <div> <div>11</div> <div>05</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>6.29</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ►

48.80

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 PageFOR LINE NUMBER:
(check only one)

PAGE 111 / 204

<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)
Oberweis for Congress**A.**Full Name (Last, First, Middle Initial)
Jennifer DuMont

Mailing Address 800 Shady Ln

City Aurora State IL Zip Code 60506

Purpose of Disbursement
salary

Candidate Name

001
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.5496

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	6	/	2	0	0	7

Amount of Each Disbursement this Period

1568.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**B.**Full Name (Last, First, Middle Initial)
Jennifer DuMont

Mailing Address 800 Shady Ln

City Aurora State IL Zip Code 60506

Purpose of Disbursement
reimburse office supplies

Candidate Name

001
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.5527

Date of Disbursement

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

Amount of Each Disbursement this Period

44.77

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**C.**Full Name (Last, First, Middle Initial)
Jennifer DuMont

Mailing Address 800 Shady Ln

City Aurora State IL Zip Code 60506

Purpose of Disbursement
salary

Candidate Name

001
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.5563

Date of Disbursement

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

Amount of Each Disbursement this Period

1568.00

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

SUBTOTAL of Disbursements This Page (optional)

3180.77

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 112 / 204

☒ 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)
Oberweis for Congress

A. Full Name (Last, First, Middle Initial) Jennifer DuMont	Transaction ID: SB17.5585 Date of Disbursement
Mailing Address 800 Shady Ln	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 4 / 2 0 0 7</div> </div>
City Aurora State IL Zip Code 60506	Amount of Each Disbursement this Period
Purpose of Disbursement reimburse office supplies	<div> <div>72.17</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Office Max	Transaction ID: SB17.5585.0 Date of Disbursement
Mailing Address 321 North Randall Rd	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 4 / 2 0 0 7</div> </div>
City Batavia State IL Zip Code 60510	Amount of Each Disbursement this Period
Purpose of Disbursement office supplies	<div> <div>72.17</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Jennifer DuMont	Transaction ID: SB17.5626 Date of Disbursement
Mailing Address 800 Shady Ln	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 6 / 2 0 0 7</div> </div>
City Aurora State IL Zip Code 60506	Amount of Each Disbursement this Period
Purpose of Disbursement salary	<div> <div>1568.00</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

1640.17

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 113 / 204

☒ 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)
Oberweis for Congress

A.

Full Name (Last, First, Middle Initial)
Jennifer DuMont

Mailing Address 800 Shady Ln

City Aurora State IL Zip Code 60506

Purpose of Disbursement
reimburse office supplies
Candidate Name

001
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼
 State: District:

Transaction ID: SB17.5649
Date of Disbursement

12 / 26 / 2007

Amount of Each Disbursement this Period

53.02

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

B.

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

Mailing Address 321 North Randall Rd

City Batavia State IL Zip Code 60510

Purpose of Disbursement
office supplies
Candidate Name

001
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼
 State: District:

Transaction ID: SB17.5649.0
Date of Disbursement

12 / 19 / 2007

Amount of Each Disbursement this Period

53.02

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Jennifer DuMont

Mailing Address 800 Shady Ln

City Aurora State IL Zip Code 60506

Purpose of Disbursement
salary
Candidate Name

001
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼
 State: District:

Transaction ID: SB17.5725
Date of Disbursement

01 / 01 / 2008

Amount of Each Disbursement this Period

1568.00

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

SUBTOTAL of Disbursements This Page (optional)

1621.02

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 114 / 204

☒ 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)
Oberweis for Congress

A. Full Name (Last, First, Middle Initial) Jennifer DuMont Mailing Address 800 Shady Ln	Transaction ID: SB17.5765 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 6 / 2 0 0 8</div> </div>
City Aurora State IL Zip Code 60506 Purpose of Disbursement salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>1568.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Jennifer DuMont Mailing Address 800 Shady Ln City Aurora State IL Zip Code 60506 Purpose of Disbursement reimburse office supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5780 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 6 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>9.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Extended Data Solutions Mailing Address 500 N Michigan Ave Ste 300 City Chicago State IL Zip Code 60611 Purpose of Disbursement automated message Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4997 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 2 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div>7275.23</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

8852.23

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 115 / 204

☒ 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)
Oberweis for Congress

A.

Full Name (Last, First, Middle Initial)
Extended Data Solutions

Mailing Address 500 N Michigan Ave Ste 300

City Chicago State IL Zip Code 60611

Purpose of Disbursement
phone center

Candidate Name

004

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.5594

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4096.64

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

B.

Full Name (Last, First, Middle Initial)
Extended Data Solutions

Mailing Address 500 N Michigan Ave Ste 300

City Chicago State IL Zip Code 60611

Purpose of Disbursement
phone center

Candidate Name

006

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.5751

Date of Disbursement

/ /

Amount of Each Disbursement this Period

6707.58

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

C.

Full Name (Last, First, Middle Initial)
Extended Data Solutions

Mailing Address 500 N Michigan Ave Ste 300

City Chicago State IL Zip Code 60611

Purpose of Disbursement
printing

Candidate Name

006

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☐ Primary ☐ General
☒ Other (specify) ▼

Special-Primary

Transaction ID: SB17.6380

Date of Disbursement

/ /

Amount of Each Disbursement this Period

23978.78

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

SUBTOTAL of Disbursements This Page (optional)

34783.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 116 / 204

☒ 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)
Oberweis for Congress

A.

Full Name (Last, First, Middle Initial)
Great Ideas Promotions

Mailing Address PO Box 1698

City Palatine State IL Zip Code 60510

Purpose of Disbursement
printing

Candidate Name

006

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.5608

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1855.51

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

B.

Full Name (Last, First, Middle Initial)
Great Ideas Promotions

Mailing Address PO Box 1698

City Palatine State IL Zip Code 60510

Purpose of Disbursement
printing

Candidate Name

006

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.5643

Date of Disbursement

/ /

Amount of Each Disbursement this Period

721.37

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

C.

Full Name (Last, First, Middle Initial)
HASTERT FOR CONGRESS COMMITTEE

Mailing Address P. O. Box 625
PO BOX 625

City Batavia State IL Zip Code 60510

Purpose of Disbursement
office equipment

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.5525

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5910.00

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

SUBTOTAL of Disbursements This Page (optional)

8486.88

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 117 / 204

☒ 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)
Oberweis for Congress

A.

Full Name (Last, First, Middle Initial)
Hilton Hotels

Mailing Address 700 East Adams St

City Springfield State IL Zip Code 62701

Purpose of Disbursement
hotel

Candidate Name

002

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.6387

Date of Disbursement

11 / 01 / 2007

Amount of Each Disbursement this Period

163.90

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

B.

Full Name (Last, First, Middle Initial)
Hodas & Associates

Mailing Address 3085 Stevenson Dr, Ste 305A

City Springfield State IL Zip Code 62703

Purpose of Disbursement
maps

Candidate Name

006

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.5059

Date of Disbursement

10 / 22 / 2007

Amount of Each Disbursement this Period

656.95

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

C.

Full Name (Last, First, Middle Initial)
Hodas & Associates

Mailing Address 3085 Stevenson Dr, Ste 305A

City Springfield State IL Zip Code 62703

Purpose of Disbursement
maps

Candidate Name

006

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.5474

Date of Disbursement

11 / 13 / 2007

Amount of Each Disbursement this Period

317.35

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

SUBTOTAL of Disbursements This Page (optional)

1138.20

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 118 / 204

☒ 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)
Oberweis for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Home Depot</p> <p>Mailing Address 2111 S Randall Rd</p> <p>City Geneva State IL Zip Code 60134</p> <p>Purpose of Disbursement campaign sign 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.6508</p> <p>Date of Disbursement <div> <div>12</div> <div>14</div> <div>2007</div> </div> </p> <p>Amount of Each Disbursement this Period <div>118.62</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Illinois Department of Revenue</p> <p>Mailing Address PO Box 19447</p> <p>City Springfield State IL Zip Code 62794-9447</p> <p>Purpose of Disbursement payroll withholding</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5167</p> <p>Date of Disbursement <div> <div>10</div> <div>24</div> <div>2007</div> </div> </p> <p>Amount of Each Disbursement this Period <div>128.96</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Illinois Department of Revenue</p> <p>Mailing Address PO Box 19447</p> <p>City Springfield State IL Zip Code 62794-9447</p> <p>Purpose of Disbursement payroll tax withholding</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5610</p> <p>Date of Disbursement <div> <div>12</div> <div>12</div> <div>2007</div> </div> </p> <p>Amount of Each Disbursement this Period <div>985.96</div> </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)

1233.54

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 PageFOR LINE NUMBER:
(check only one)

PAGE 119 / 204

<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)
Oberweis for Congress**A.**Full Name (Last, First, Middle Initial)
Illinois Department of Revenue

Mailing Address PO Box 19447

City Springfield State IL Zip Code 62794-9447

Purpose of Disbursement
payroll tax withholding
Candidate Name001
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.5660

Date of Disbursement

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

Amount of Each Disbursement this Period

581.52

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**B.**Full Name (Last, First, Middle Initial)
Illinois Department of Revenue

Mailing Address PO Box 19447

City Springfield State IL Zip Code 62794-9447

Purpose of Disbursement
payroll tax withholding
Candidate Name001
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.6506

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	6	/	2	0	0	8

Amount of Each Disbursement this Period

585.90

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**C.**Full Name (Last, First, Middle Initial)
Illinois Dept of Employment Security

Mailing Address PO Box 802551

City Chicago State IL Zip Code 60680-2551

Purpose of Disbursement
state unemployment taxes
Candidate Name001
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.5124

Date of Disbursement

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

Amount of Each Disbursement this Period

167.64

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

SUBTOTAL of Disbursements This Page (optional)

1335.06

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 120 / 204

☒ 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)
Oberweis for Congress

A. Full Name (Last, First, Middle Initial)
Illinois Dept of Employment Security

Mailing Address PO Box 802551

City Chicago State IL Zip Code 60680-2551

Purpose of Disbursement
state unemployment tax
Candidate Name

001
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼
 State: District:

Transaction ID: SB17.5661
Date of Disbursement

12 / 28 / 2007

Amount of Each Disbursement this Period

1838.81

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

B. Full Name (Last, First, Middle Initial)
Kajuligan Corporation DBA Depot Express

Mailing Address 316 Crescent Place

City Geneva State IL Zip Code 60134

Purpose of Disbursement
campaign event
Candidate Name

007
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼
 State: District:

Transaction ID: SB17.6360
Date of Disbursement

12 / 03 / 2007

Amount of Each Disbursement this Period

448.00

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

C. Full Name (Last, First, Middle Initial)
Kreiner Enterprises

Mailing Address PO Box 141

City West Chicago State IL Zip Code 60174

Purpose of Disbursement
reimburse-office supplies
Candidate Name

001
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼
 State: District:

Transaction ID: SB17.5076
Date of Disbursement

10 / 01 / 2007

Amount of Each Disbursement this Period

13.17

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

SUBTOTAL of Disbursements This Page (optional)

2299.98

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 PageFOR LINE NUMBER:
(check only one)

PAGE 121 / 204

<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)
Oberweis for Congress

A. Full Name (Last, First, Middle Initial) Kreiner Enterprises	Transaction ID: SB17.5104 Date of Disbursement																				
Mailing Address PO Box 141	<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>0</td><td></td><td>0</td><td>1</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	0		0	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	1		2	0	0	7												
City West Chicago State IL Zip Code 60174	Amount of Each Disbursement this Period																				
Purpose of Disbursement grass roots consultant	<table border="1"> <tr> <td colspan="10">2250.00</td> </tr> </table>	2250.00																			
2250.00																					
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Kreiner Enterprises	Transaction ID: SB17.5082 Date of Disbursement																				
Mailing Address PO Box 141	<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>0</td><td></td><td>0</td><td>9</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	0		0	9		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	9		2	0	0	7												
City West Chicago State IL Zip Code 60174	Amount of Each Disbursement this Period																				
Purpose of Disbursement reimbursement-office supplies	<table border="1"> <tr> <td colspan="10">52.68</td> </tr> </table>	52.68																			
52.68																					
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Office Depot	Transaction ID: SB17.5082.0 Date of Disbursement																				
Mailing Address 2302 West Indian Trail Rd	<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>0</td><td></td><td>0</td><td>7</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	0		0	7		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	7		2	0	0	7												
City Aurora State IL Zip Code 60506	Amount of Each Disbursement this Period																				
Purpose of Disbursement office supplies	<table border="1"> <tr> <td colspan="10">52.68</td> </tr> </table>	52.68																			
52.68																					
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

2302.68

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 122 / 204

☒ 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)
Oberweis for Congress

A.

Full Name (Last, First, Middle Initial)
Kreiner Enterprises

Mailing Address PO Box 141

City State Zip Code
West Chicago IL 60174

Purpose of Disbursement
grass roots consultant
Candidate Name

001
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼
 State: District:

Transaction ID: SB17.5120
Date of Disbursement

10 / 16 / 2007

Amount of Each Disbursement this Period

2250.00

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

B.

Full Name (Last, First, Middle Initial)
Kreiner Enterprises

Mailing Address PO Box 141

City State Zip Code
West Chicago IL 60174

Purpose of Disbursement
grass roots consultant
Candidate Name

001
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼
 State: District:

Transaction ID: SB17.5184
Date of Disbursement

11 / 01 / 2007

Amount of Each Disbursement this Period

2250.00

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

C.

Full Name (Last, First, Middle Initial)
Kreiner Enterprises

Mailing Address PO Box 141

City State Zip Code
West Chicago IL 60174

Purpose of Disbursement
grass roots consultant
Candidate Name

001
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼
 State: District:

Transaction ID: SB17.5506
Date of Disbursement

11 / 16 / 2007

Amount of Each Disbursement this Period

2250.00

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

SUBTOTAL of Disbursements This Page (optional)

6750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 123 / 204

☒ 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)
Oberweis for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Kreiner Enterprises</p> <p>Mailing Address PO Box 141</p> <p>City West Chicago State IL Zip Code 60174</p> <p>Purpose of Disbursement reimburse 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5513</p> <p>Date of Disbursement <div> <div>11</div> <div>19</div> <div>2007</div> </div> </p> <p>Amount of Each Disbursement this Period <div>92.94</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Office Depot</p> <p>Mailing Address 2302 West Indian Trail Rd</p> <p>City Aurora State IL Zip Code 60506</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5513.0</p> <p>Date of Disbursement <div> <div>11</div> <div>17</div> <div>2007</div> </div> </p> <p>Amount of Each Disbursement this Period <div>65.00</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Office Depot</p> <p>Mailing Address 2302 West Indian Trail Rd</p> <p>City Aurora State IL Zip Code 60506</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5513.1</p> <p>Date of Disbursement <div> <div>11</div> <div>16</div> <div>2007</div> </div> </p> <p>Amount of Each Disbursement this Period <div>27.94</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional)

92.94

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 124 / 204

☒ 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)
Oberweis for Congress

A.

Full Name (Last, First, Middle Initial)
Kreiner Enterprises

Mailing Address PO Box 141

City State Zip Code
West Chicago IL 60174

Purpose of Disbursement
reimburse fundraising expense

Candidate Name

003
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.5534

Date of Disbursement

11 / 30 / 2007

Amount of Each Disbursement this Period

900.00

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

B.

Full Name (Last, First, Middle Initial)
Mill Race Inn Restaurant

Mailing Address 4 East State St

City State Zip Code
Geneva IL 60134

Purpose of Disbursement
fundraising expense

Candidate Name

003
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.5534.0

Date of Disbursement

11 / 30 / 2007

Amount of Each Disbursement this Period

900.00

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Kreiner Enterprises

Mailing Address PO Box 141

City State Zip Code
West Chicago IL 60174

Purpose of Disbursement
grass roots consultant

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.5567

Date of Disbursement

12 / 01 / 2007

Amount of Each Disbursement this Period

2250.00

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

SUBTOTAL of Disbursements This Page (optional)

3150.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 125 / 204

☒ 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)
Oberweis for Congress

A. Full Name (Last, First, Middle Initial) Kreiner Enterprises Mailing Address PO Box 141	Transaction ID: SB17.5630 Date of Disbursement <div> <div>12</div> <div>16</div> <div>2007</div> </div>
City West Chicago State IL Zip Code 60174 Purpose of Disbursement grass roots consultant Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <div>2250.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Kreiner Enterprises Mailing Address PO Box 141 City West Chicago State IL Zip Code 60174 Purpose of Disbursement reimburse fundraising expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.5658 Date of Disbursement <div> <div>12</div> <div>28</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>327.70</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Turner Junction Printing Mailing Address 850 Meadowview Crossing, Unit #2 City West Chicago State IL Zip Code 60185 Purpose of Disbursement printing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.5658.0 Date of Disbursement <div> <div>12</div> <div>26</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>327.70</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

2577.70

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 126 / 204

☒ 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)
Oberweis for Congress

A.

Full Name (Last, First, Middle Initial)
Kreiner Enterprises

Mailing Address PO Box 141

City State Zip Code
West Chicago IL 60174

Purpose of Disbursement
reimburse office supplies
Candidate Name

006
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼
 State: District:

Transaction ID: SB17.5662
Date of Disbursement

12 / 31 / 2007

Amount of Each Disbursement this Period

101.26

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

B.

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

Mailing Address 2302 West Indian Trail Rd

City State Zip Code
Aurora IL 60506

Purpose of Disbursement
office supplies
Candidate Name

001
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼
 State: District:

Transaction ID: SB17.5662.0
Date of Disbursement

12 / 19 / 2007

Amount of Each Disbursement this Period

87.31

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

[MEMO ITEM]

C.

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

Mailing Address 2302 West Indian Trail Rd

City State Zip Code
Aurora IL 60506

Purpose of Disbursement
office supplies
Candidate Name

001
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼
 State: District:

Transaction ID: SB17.5662.1
Date of Disbursement

11 / 23 / 2007

Amount of Each Disbursement this Period

13.95

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

101.26

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 127 / 204

☒ 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)
Oberweis for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Kreiner Enterprises</p> <p>Mailing Address PO Box 141</p> <p>City West Chicago State IL Zip Code 60174</p> <p>Purpose of Disbursement grass roots consultant</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5731</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 1 / 2 0 0 8</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div>2250.00</div> </div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Kreiner Enterprises</p> <p>Mailing Address PO Box 141</p> <p>City West Chicago State IL Zip Code 60174</p> <p>Purpose of Disbursement grass roots consultant</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5775</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 6 / 2 0 0 8</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div>2250.00</div> </div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Lou's Logo's & Letters</p> <p>Mailing Address PO Box 3333</p> <p>City St. Charles State IL Zip Code 60174</p> <p>Purpose of Disbursement printing</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5205</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 1 2 / 2 0 0 7</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div>1789.58</div> </div> </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) ►

6289.58

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 128 / 204

☒ 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)
Oberweis for Congress

A. Full Name (Last, First, Middle Initial) Sharon Martin	Transaction ID: SB17.5151 Date of Disbursement
Mailing Address 211 Ashcroft Ln	<div> <div>10</div> <div>01</div> <div>2007</div> </div>
City Oswego State IL Zip Code 60543	Amount of Each Disbursement this Period
Purpose of Disbursement salary	<div>1255.34</div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Sharon Martin	Transaction ID: SB17.5159 Date of Disbursement
Mailing Address 211 Ashcroft Ln	<div> <div>10</div> <div>16</div> <div>2007</div> </div>
City Oswego State IL Zip Code 60543	Amount of Each Disbursement this Period
Purpose of Disbursement salary	<div>1841.98</div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Sharon Martin	Transaction ID: SB17.5188 Date of Disbursement
Mailing Address 211 Ashcroft Ln	<div> <div>11</div> <div>01</div> <div>2007</div> </div>
City Oswego State IL Zip Code 60543	Amount of Each Disbursement this Period
Purpose of Disbursement salary	<div>1687.35</div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

4784.67

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 129 / 204

☒ 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)
Oberweis for Congress

A. Full Name (Last, First, Middle Initial) Sharon Martin	Transaction ID: SB17.5509 Date of Disbursement
Mailing Address 211 Ashcroft Ln	<div> <div>11</div> <div>16</div> <div>2007</div> </div>
City Oswego State IL Zip Code 60543	Amount of Each Disbursement this Period
Purpose of Disbursement salary	<div>1462.80</div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Sharon Martin	Transaction ID: SB17.5582 Date of Disbursement
Mailing Address 211 Ashcroft Ln	<div> <div>12</div> <div>01</div> <div>2007</div> </div>
City Oswego State IL Zip Code 60543	Amount of Each Disbursement this Period
Purpose of Disbursement salary	<div>1528.76</div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Sharon Martin	Transaction ID: SB17.5637 Date of Disbursement
Mailing Address 211 Ashcroft Ln	<div> <div>12</div> <div>16</div> <div>2007</div> </div>
City Oswego State IL Zip Code 60543	Amount of Each Disbursement this Period
Purpose of Disbursement salary	<div>1602.74</div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

4594.30

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 130 / 204

☒ 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)
Oberweis for Congress

A. Full Name (Last, First, Middle Initial) Sharon Martin Mailing Address 211 Ashcroft Ln	Transaction ID: SB17.5743 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 1 / 2 0 0 8</div> </div>
City Oswego State IL Zip Code 60543 Purpose of Disbursement salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>1709.49</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Sharon Martin Mailing Address 211 Ashcroft Ln City Oswego State IL Zip Code 60543 Purpose of Disbursement salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6507 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 6 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>1638.08</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Mason Rivers Mailing Address 934 Oakleaf Court City Naperville State IL Zip Code 60540 Purpose of Disbursement entertainment Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6020 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 0 4 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div>1000.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ►

4347.57

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 131 / 204

☒ 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)
Oberweis for Congress

A.

Full Name (Last, First, Middle Initial)
Dan Mattoon

Mailing Address 6344 Cavalier Corridor

City Falls Church State VA Zip Code 22044

Purpose of Disbursement
campaign research

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.5100

Date of Disbursement

10 / 01 / 2007

Amount of Each Disbursement this Period

4500.00

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

B.

Full Name (Last, First, Middle Initial)
Dan Mattoon

Mailing Address 6344 Cavalier Corridor

City Falls Church State VA Zip Code 22044

Purpose of Disbursement
campaign research

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.5181

Date of Disbursement

11 / 01 / 2007

Amount of Each Disbursement this Period

4500.00

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

C.

Full Name (Last, First, Middle Initial)
Dan Mattoon

Mailing Address 6344 Cavalier Corridor

City Falls Church State VA Zip Code 22044

Purpose of Disbursement
campaign research

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.5573

Date of Disbursement

12 / 01 / 2007

Amount of Each Disbursement this Period

4500.00

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

SUBTOTAL of Disbursements This Page (optional)

13500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 132 / 204

☒ 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)
Oberweis for Congress

A.

Full Name (Last, First, Middle Initial)
Dan Mattoon

Mailing Address 6344 Cavalier Corridor

City Falls Church State VA Zip Code 22044

Purpose of Disbursement
reimburse travel

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.5593

Date of Disbursement

12 / 04 / 2007

Amount of Each Disbursement this Period

971.70

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

B.

Full Name (Last, First, Middle Initial)
United Airlines

Mailing Address PO Bos 66140

City Chicago State IL Zip Code 60666

Purpose of Disbursement
travel

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.5593.0

Date of Disbursement

10 / 22 / 2007

Amount of Each Disbursement this Period

639.80

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Dan Mattoon

Mailing Address 6344 Cavalier Corridor

City Falls Church State VA Zip Code 22044

Purpose of Disbursement
campaign research

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.5754

Date of Disbursement

01 / 05 / 2008

Amount of Each Disbursement this Period

4500.00

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

SUBTOTAL of Disbursements This Page (optional)

5471.70

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 133 / 204

☒ 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)
Oberweis for Congress

A.

Full Name (Last, First, Middle Initial)
Dan Mattoon

Mailing Address 6344 Cavalier Corridor

City Falls Church State VA Zip Code 22044

Purpose of Disbursement
travel reimbursement

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.5755

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1542.67

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

B.

Full Name (Last, First, Middle Initial)
United Airlines

Mailing Address PO Bos 66140

City Chicago State IL Zip Code 60666

Purpose of Disbursement
airfare

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.5755.0

Date of Disbursement

/ /

Amount of Each Disbursement this Period

188.80

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Hilton - Chicago

Mailing Address PO Box 66414

City Chicago State IL Zip Code 60666

Purpose of Disbursement
hotel

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.5755.2

Date of Disbursement

/ /

Amount of Each Disbursement this Period

264.27

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

1542.67

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 134 / 204

☒ 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)
Oberweis for Congress

A. Full Name (Last, First, Middle Initial) O'Hare Int'l Airport Mailing Address PO Box 66179	Transaction ID: SB17.5755.3 Date of Disbursement <div> <div>12</div> <div>11</div> <div>2007</div> </div>
City Chicago State IL Zip Code 60666 Purpose of Disbursement parking Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>34.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) United Airlines Mailing Address PO Bos 66140 City Chicago State IL Zip Code 60666 Purpose of Disbursement airfare Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5755.4 Date of Disbursement <div> <div>12</div> <div>27</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>348.80</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) National Car Rental Mailing Address 6929 N Lakewood Ave, Ste 100 City Tulsa State OK Zip Code 74117 Purpose of Disbursement car rental Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5755.6 Date of Disbursement <div> <div>12</div> <div>27</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>260.51</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 135 / 204

☒ 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)
Oberweis for Congress

A. Full Name (Last, First, Middle Initial) McLaughline & Associates	Transaction ID: SB17.5126
Mailing Address 566 South Route 303	Date of Disbursement <div> <div>10</div> <div>22</div> <div>2007</div> </div>
City Blauvelt State NY Zip Code 10913	Amount of Each Disbursement this Period
Purpose of Disbursement phone center Candidate Name <div>005</div> Category/ Type	<div>23575.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	
B. Full Name (Last, First, Middle Initial) McLaughline & Associates	Transaction ID: SB17.5605
Mailing Address 566 South Route 303	Date of Disbursement <div> <div>12</div> <div>11</div> <div>2007</div> </div>
City Blauvelt State NY Zip Code 10913	Amount of Each Disbursement this Period
Purpose of Disbursement phone center Candidate Name <div>005</div> Category/ Type	<div>15980.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	
C. Full Name (Last, First, Middle Initial) Sheila Morgan	Transaction ID: SB17.5157
Mailing Address 2626 N Lakeview Ave	Date of Disbursement <div> <div>10</div> <div>16</div> <div>2007</div> </div>
City Chicago State IL Zip Code 60614	Amount of Each Disbursement this Period
Purpose of Disbursement salary Candidate Name <div>001</div> Category/ Type	<div>1655.37</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	
SUBTOTAL of Disbursements This Page (optional)	<div>41210.37</div>
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 136 / 204

☒ 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)
Oberweis for Congress

A.

Full Name (Last, First, Middle Initial)
Sheila Morgan

Mailing Address 2626 N Lakeview Ave

City Chicago State IL Zip Code 60614

Purpose of Disbursement
salary

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.5174

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1655.37

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

B.

Full Name (Last, First, Middle Initial)
Sheila Morgan

Mailing Address 2626 N Lakeview Ave

City Chicago State IL Zip Code 60614

Purpose of Disbursement
salary

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.5498

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1655.37

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

C.

Full Name (Last, First, Middle Initial)
Sheila Morgan

Mailing Address 2626 N Lakeview Ave

City Chicago State IL Zip Code 60614

Purpose of Disbursement
salary

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.5565

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1655.37

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

SUBTOTAL of Disbursements This Page (optional)

4966.11

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 137 / 204

☒ 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)
Oberweis for Congress

A. Full Name (Last, First, Middle Initial) Sheila Morgan	Transaction ID: SB17.5628 Date of Disbursement
Mailing Address 2626 N Lakeview Ave	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 6 / 2 0 0 7</div> </div>
City Chicago State IL Zip Code 60614	Amount of Each Disbursement this Period
Purpose of Disbursement salary	<div> <div>1655.37</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Sheila Morgan	Transaction ID: SB17.5729 Date of Disbursement
Mailing Address 2626 N Lakeview Ave	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 1 / 2 0 0 8</div> </div>
City Chicago State IL Zip Code 60614	Amount of Each Disbursement this Period
Purpose of Disbursement salary	<div> <div>1655.37</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Sheila Morgan	Transaction ID: SB17.5768 Date of Disbursement
Mailing Address 2626 N Lakeview Ave	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 6 / 2 0 0 8</div> </div>
City Chicago State IL Zip Code 60614	Amount of Each Disbursement this Period
Purpose of Disbursement salary	<div> <div>1655.37</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

4966.11

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 138 / 204

☒ 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)
Oberweis for Congress

A. Full Name (Last, First, Middle Initial) Sheila Morgan	Transaction ID: SB17.5779 Date of Disbursement
Mailing Address 2626 N Lakeview Ave	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 6 / 2 0 0 8</div> </div>
City Chicago State IL Zip Code 60614	Amount of Each Disbursement this Period
Purpose of Disbursement reimburse office supplies	<div> <div>22.87</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Stephanie Navarro	Transaction ID: SB17.5148 Date of Disbursement
Mailing Address 1325 Manning Ave	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 0 1 / 2 0 0 7</div> </div>
City Montgomery State IL Zip Code 60538	Amount of Each Disbursement this Period
Purpose of Disbursement salary	<div> <div>777.50</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Stephanie Navarro	Transaction ID: SB17.5080 Date of Disbursement
Mailing Address 1325 Manning Ave	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 0 9 / 2 0 0 7</div> </div>
City Montgomery State IL Zip Code 60538	Amount of Each Disbursement this Period
Purpose of Disbursement reimbursement-office supplies	<div> <div>15.38</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

815.75

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 139 / 204

☒ 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)
Oberweis for Congress

A. Full Name (Last, First, Middle Initial) Stephanie Navarro	Transaction ID: SB17.5154
Mailing Address 1325 Manning Ave	Date of Disbursement <div> <div>10</div> <div>16</div> <div>2007</div> </div>
City Montgomery State IL Zip Code 60538	Amount of Each Disbursement this Period
Purpose of Disbursement salary Candidate Name <div>001</div> Category/Type	<div>777.50</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	
B. Full Name (Last, First, Middle Initial) Stephanie Navarro	Transaction ID: SB17.5175
Mailing Address 1325 Manning Ave	Date of Disbursement <div> <div>11</div> <div>01</div> <div>2007</div> </div>
City Montgomery State IL Zip Code 60538	Amount of Each Disbursement this Period
Purpose of Disbursement salary Candidate Name <div>001</div> Category/Type	<div>777.50</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	
C. Full Name (Last, First, Middle Initial) Stephanie Navarro	Transaction ID: SB17.5499
Mailing Address 1325 Manning Ave	Date of Disbursement <div> <div>11</div> <div>16</div> <div>2007</div> </div>
City Montgomery State IL Zip Code 60538	Amount of Each Disbursement this Period
Purpose of Disbursement salary Candidate Name <div>001</div> Category/Type	<div>777.50</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

SUBTOTAL of Disbursements This Page (optional)

2332.50

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 140 / 204

☒ 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)
Oberweis for Congress

A.

Full Name (Last, First, Middle Initial)

Stephanie Navarro

Mailing Address 1325 Manning Ave

City State Zip Code
Montgomery IL 60538

Purpose of Disbursement
salary

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.5566

Date of Disbursement

12 / 01 / 2007

Amount of Each Disbursement this Period

777.50

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

B.

Full Name (Last, First, Middle Initial)

Stephanie Navarro

Mailing Address 1325 Manning Ave

City State Zip Code
Montgomery IL 60538

Purpose of Disbursement
salary

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.5629

Date of Disbursement

12 / 16 / 2007

Amount of Each Disbursement this Period

777.50

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

C.

Full Name (Last, First, Middle Initial)

Stephanie Navarro

Mailing Address 1325 Manning Ave

City State Zip Code
Montgomery IL 60538

Purpose of Disbursement
salary

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.5730

Date of Disbursement

01 / 01 / 2008

Amount of Each Disbursement this Period

777.50

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

SUBTOTAL of Disbursements This Page (optional)

2332.50

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 141 / 204

☒ 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)
Oberweis for Congress

A.

Full Name (Last, First, Middle Initial)
Stephanie Navarro

Mailing Address 1325 Manning Ave

City State Zip Code
Montgomery IL 60538

Purpose of Disbursement
salary

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.5770

Date of Disbursement

01 / 16 / 2008

Amount of Each Disbursement this Period

777.50

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

B.

Full Name (Last, First, Middle Initial)
Stephanie Navarro

Mailing Address 1325 Manning Ave

City State Zip Code
Montgomery IL 60538

Purpose of Disbursement
reimburse office supplies

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.5777

Date of Disbursement

01 / 16 / 2008

Amount of Each Disbursement this Period

104.03

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

C.

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

Mailing Address 2302 West Indian Trail Rd

City State Zip Code
Aurora IL 60506

Purpose of Disbursement
office supplies

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.5777.0

Date of Disbursement

01 / 07 / 2008

Amount of Each Disbursement this Period

64.33

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

881.53

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 142 / 204

☒ 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)
Oberweis for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Office Depot</p> <p>Mailing Address 2302 West Indian Trail Rd</p> <p>City Aurora State IL Zip Code 60506</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5777.1</p> <p>Date of Disbursement <div> <div>11</div> <div>16</div> <div>2007</div> </div> </p> <p>Amount of Each Disbursement this Period <div>19.70</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Andrew Nelms</p> <p>Mailing Address 1084 Aspen Ct, Apt 1</p> <p>City DeKalb State IL Zip Code 60115</p> <p>Purpose of Disbursement grass roots consultant</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5107</p> <p>Date of Disbursement <div> <div>10</div> <div>01</div> <div>2007</div> </div> </p> <p>Amount of Each Disbursement this Period <div>1500.00</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Andrew Nelms</p> <p>Mailing Address 1084 Aspen Ct, Apt 1</p> <p>City DeKalb State IL Zip Code 60115</p> <p>Purpose of Disbursement grass roots consultant</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5113</p> <p>Date of Disbursement <div> <div>10</div> <div>16</div> <div>2007</div> </div> </p> <p>Amount of Each Disbursement this Period <div>1500.00</div> </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) ►

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 143 / 204

☒ 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)
Oberweis for Congress

A.

Full Name (Last, First, Middle Initial)

Andrew Nelms

Mailing Address 1084 Aspen Ct, Apt 1

City State Zip Code
DeKalb IL 60115

Purpose of Disbursement
reimburse parade expenses

Candidate Name

007
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.6041

Date of Disbursement

10 / 29 / 2007

Amount of Each Disbursement this Period

109.60

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

B.

Full Name (Last, First, Middle Initial)

Andrew Nelms

Mailing Address 1084 Aspen Ct, Apt 1

City State Zip Code
DeKalb IL 60115

Purpose of Disbursement
grass roots consultant

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.5177

Date of Disbursement

11 / 01 / 2007

Amount of Each Disbursement this Period

1500.00

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

C.

Full Name (Last, First, Middle Initial)

Andrew Nelms

Mailing Address 1084 Aspen Ct, Apt 1

City State Zip Code
DeKalb IL 60115

Purpose of Disbursement
grass roots consultant

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.5503

Date of Disbursement

11 / 16 / 2007

Amount of Each Disbursement this Period

1500.00

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

SUBTOTAL of Disbursements This Page (optional)

3109.60

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 144 / 204

☒ 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)
Oberweis for Congress

A.

Full Name (Last, First, Middle Initial)

Andrew Nelms

Mailing Address 1084 Aspen Ct, Apt 1

City DeKalb State IL Zip Code 60115

Purpose of Disbursement
reimburse meals for volunteers

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.5512

Date of Disbursement

11 / 19 / 2007

Amount of Each Disbursement this Period

50.45

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

B.

Full Name (Last, First, Middle Initial)

Andrew Nelms

Mailing Address 1084 Aspen Ct, Apt 1

City DeKalb State IL Zip Code 60115

Purpose of Disbursement
reimburse campaign supplies

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.5528

Date of Disbursement

11 / 29 / 2007

Amount of Each Disbursement this Period

76.28

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

C.

Full Name (Last, First, Middle Initial)

Andrew Nelms

Mailing Address 1084 Aspen Ct, Apt 1

City DeKalb State IL Zip Code 60115

Purpose of Disbursement
grass roots consultant

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.5569

Date of Disbursement

12 / 01 / 2007

Amount of Each Disbursement this Period

1500.00

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

SUBTOTAL of Disbursements This Page (optional)

1626.73

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 145 / 204

☒ 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)
Oberweis for Congress

A.

Full Name (Last, First, Middle Initial)

Andrew Nelms

Mailing Address 1084 Aspen Ct, Apt 1

City State Zip Code
DeKalb IL 60115

Purpose of Disbursement
grass roots consultant

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.5632

Date of Disbursement

12 / 16 / 2007

Amount of Each Disbursement this Period

1500.00

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

B.

Full Name (Last, First, Middle Initial)

Andrew Nelms

Mailing Address 1084 Aspen Ct, Apt 1

City State Zip Code
DeKalb IL 60115

Purpose of Disbursement
grass roots consultant

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.5733

Date of Disbursement

01 / 01 / 2008

Amount of Each Disbursement this Period

1500.00

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

C.

Full Name (Last, First, Middle Initial)

Andrew Nelms

Mailing Address 1084 Aspen Ct, Apt 1

City State Zip Code
DeKalb IL 60115

Purpose of Disbursement
grass roots consultant

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.5771

Date of Disbursement

01 / 16 / 2008

Amount of Each Disbursement this Period

1500.00

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

SUBTOTAL of Disbursements This Page (optional)

4500.00

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 PageFOR LINE NUMBER:
(check only one)

PAGE 146 / 204

<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)
Oberweis for Congress**A.**

Full Name (Last, First, Middle Initial)

Richard Nelson

Mailing Address 636 Reynoldswood Rd

City State Zip Code
Dixon IL 61021Purpose of Disbursement
grass roots consultant

Candidate Name

001
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.5118

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	6	/	2	0	0	7

Amount of Each Disbursement this Period

250.00

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

Full Name (Last, First, Middle Initial)

Richard Nelson

Mailing Address 636 Reynoldswood Rd

City State Zip Code
Dixon IL 61021Purpose of Disbursement
grass roots consultant

Candidate Name

001
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.5183

Date of Disbursement

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

Amount of Each Disbursement this Period

250.00

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

Full Name (Last, First, Middle Initial)

Richard Nelson

Mailing Address 636 Reynoldswood Rd

City State Zip Code
Dixon IL 61021Purpose of Disbursement
grass roots consultant

Candidate Name

001
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.5500

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	6	/	2	0	0	7

Amount of Each Disbursement this Period

250.00

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

SUBTOTAL of Disbursements This Page (optional)

750.00

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 PageFOR LINE NUMBER:
(check only one)

PAGE 147 / 204

<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)
Oberweis for Congress**A.**Full Name (Last, First, Middle Initial)
Richard Nelson

Mailing Address 636 Reynoldswood Rd

City Dixon State IL Zip Code 61021

Purpose of Disbursement
grass roots consultant
Candidate Name001
Category/
TypeOffice Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼
State: District:

Transaction ID: SB17.5575

Date of Disbursement

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

Amount of Each Disbursement this Period

250.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**B.**Full Name (Last, First, Middle Initial)
Richard Nelson

Mailing Address 636 Reynoldswood Rd

City Dixon State IL Zip Code 61021

Purpose of Disbursement
grass roots consultant
Candidate Name001
Category/
TypeOffice Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼
State: District:

Transaction ID: SB17.5636

Date of Disbursement

M M / D D / Y Y Y Y
1 2 / 1 6 / 2 0 0 7

Amount of Each Disbursement this Period

250.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**C.**Full Name (Last, First, Middle Initial)
Richard Nelson

Mailing Address 636 Reynoldswood Rd

City Dixon State IL Zip Code 61021

Purpose of Disbursement
grass roots consultant
Candidate Name001
Category/
TypeOffice Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼
State: District:

Transaction ID: SB17.5737

Date of Disbursement

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

Amount of Each Disbursement this Period

250.00

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

SUBTOTAL of Disbursements This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 148 / 204

☒ 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)
Oberweis for Congress

A.

Full Name (Last, First, Middle Initial)
Richard Nelson

Mailing Address 636 Reynoldswood Rd

City State Zip Code
Dixon IL 61021

Purpose of Disbursement
grass roots consultant
Candidate Name

001
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼
 State: District:

Transaction ID: SB17.5776
Date of Disbursement

01 / 16 / 2008

Amount of Each Disbursement this Period

250.00

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

B.

Full Name (Last, First, Middle Initial)
Nicor

Mailing Address PO Box 2020

City State Zip Code
Aurora IL 60507

Purpose of Disbursement
utilities
Candidate Name

001
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼
 State: District:

Transaction ID: SB17.5638
Date of Disbursement

12 / 17 / 2007

Amount of Each Disbursement this Period

171.76

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

C.

Full Name (Last, First, Middle Initial)
Nicor

Mailing Address PO Box 2020

City State Zip Code
Aurora IL 60507

Purpose of Disbursement
utilities
Candidate Name

001
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼
 State: District:

Transaction ID: SB17.6393
Date of Disbursement

01 / 15 / 2008

Amount of Each Disbursement this Period

249.01

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

SUBTOTAL of Disbursements This Page (optional)

670.77

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 149 / 204

☒ 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)
Oberweis for Congress

A. Full Name (Last, First, Middle Initial) Darren Niemann	Transaction ID: SB17.6540 Date of Disbursement
Mailing Address 36W700 Whispering Trail	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 9 / 2 0 0 7</div> </div>
City State Zip Code St. Charles IL 60175	Amount of Each Disbursement this Period
Purpose of Disbursement In-kind - fundraiser	<div> <div>636.19</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Nyhan Daniels & Friends LLC	Transaction ID: SB17.5099 Date of Disbursement
Mailing Address 1844 Wildberry Dr, Villa E	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 0 1 / 2 0 0 7</div> </div>
City State Zip Code Glenview IL 60025	Amount of Each Disbursement this Period
Purpose of Disbursement fundraising consultant	<div> <div>6000.00</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Nyhan Daniels & Friends LLC	Transaction ID: SB17.5185 Date of Disbursement
Mailing Address 1844 Wildberry Dr, Villa E	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 1 / 2 0 0 7</div> </div>
City State Zip Code Glenview IL 60025	Amount of Each Disbursement this Period
Purpose of Disbursement fundraising consultant	<div> <div>6000.00</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

12636.19

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 150 / 204

☒ 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)
Oberweis for Congress

A.

Full Name (Last, First, Middle Initial)
Nyhan Daniels & Friends LLC

Mailing Address 1844 Wildberry Dr, Villa E

City Glenview State IL Zip Code 60025

Purpose of Disbursement
fundraising consultant

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.5578

Date of Disbursement

12 / 01 / 2007

Amount of Each Disbursement this Period

6000.00

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

B.

Full Name (Last, First, Middle Initial)
Nyhan Daniels & Friends LLC

Mailing Address 1844 Wildberry Dr, Villa E

City Glenview State IL Zip Code 60025

Purpose of Disbursement
reimbursement-mileage

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.5592

Date of Disbursement

12 / 04 / 2007

Amount of Each Disbursement this Period

600.27

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

C.

Full Name (Last, First, Middle Initial)
Nyhan Daniels & Friends LLC

Mailing Address 1844 Wildberry Dr, Villa E

City Glenview State IL Zip Code 60025

Purpose of Disbursement
fundraising consultant

Candidate Name

003
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.5724

Date of Disbursement

01 / 01 / 2008

Amount of Each Disbursement this Period

6000.00

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

SUBTOTAL of Disbursements This Page (optional)

12600.27

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 PageFOR LINE NUMBER:
(check only one)

PAGE 151 / 204

<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)
Oberweis for Congress**A.**Full Name (Last, First, Middle Initial)
JAMES D OBERWEIS

Mailing Address 3 BUCKINGHAM DR

City SUGAR GROVE State IL Zip Code 60554

Purpose of Disbursement
In-kind - fundraising expenseCandidate Name
JAMES D OBERWEISCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 14

Transaction ID: SB17.6417

Date of Disbursement

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

Amount of Each Disbursement this Period

500.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**B.**Full Name (Last, First, Middle Initial)
JAMES D OBERWEIS

Mailing Address 3 BUCKINGHAM DR

City SUGAR GROVE State IL Zip Code 60554

Purpose of Disbursement
In-kind - printingCandidate Name
JAMES D OBERWEISCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 14

Transaction ID: SB17.6419

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	6	/	2	0	0	8

Amount of Each Disbursement this Period

27807.34

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**C.**Full Name (Last, First, Middle Initial)
Oberweis Dairy

Mailing Address 951 Ice Cream Dr Sweet One

City North Aurora State IL Zip Code 60542

Purpose of Disbursement
ice cream

Candidate Name

006
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.5058

Date of Disbursement

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

Amount of Each Disbursement this Period

68.90

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

SUBTOTAL of Disbursements This Page (optional)

28376.24

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 152 / 204

☒ 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)
Oberweis for Congress

A. Full Name (Last, First, Middle Initial) Oberweis Dairy	Transaction ID: SB17.5484 Date of Disbursement
Mailing Address 951 Ice Cream Dr Sweet One	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 1 6 / 2 0 0 7</div> </div>
City North Aurora State IL Zip Code 60542	Amount of Each Disbursement this Period
Purpose of Disbursement gifts	<div> <div>6.62</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Office Depot	Transaction ID: SB17.5079 Date of Disbursement
Mailing Address 2302 West Indian Trail Rd	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 0 4 / 2 0 0 7</div> </div>
City Aurora State IL Zip Code 60506	Amount of Each Disbursement this Period
Purpose of Disbursement office supplies	<div> <div>753.06</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Office Depot	Transaction ID: SB17.6374 Date of Disbursement
Mailing Address 2302 West Indian Trail Rd	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 1 / 2 0 0 8</div> </div>
City Aurora State IL Zip Code 60506	Amount of Each Disbursement this Period
Purpose of Disbursement office supplies	<div> <div>95.51</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

855.19

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 153 / 204

☒ 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)
Oberweis for Congress

A.

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

Mailing Address 321 North Randall Rd

City State Zip Code
Batavia IL 60510

Purpose of Disbursement
office supplies
Candidate Name

001
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼
 State: District:

Transaction ID: SB17.5085
Date of Disbursement

10 / 15 / 2007

Amount of Each Disbursement this Period

77.20

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

B.

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

Mailing Address 321 North Randall Rd

City State Zip Code
Batavia IL 60510

Purpose of Disbursement
office supplies
Candidate Name

001
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼
 State: District:

Transaction ID: SB17.5087
Date of Disbursement

10 / 15 / 2007

Amount of Each Disbursement this Period

10.66

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

C.

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

Mailing Address 321 North Randall Rd

City State Zip Code
Batavia IL 60510

Purpose of Disbursement
office supplies
Candidate Name

001
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼
 State: District:

Transaction ID: SB17.5094
Date of Disbursement

10 / 25 / 2007

Amount of Each Disbursement this Period

193.04

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

SUBTOTAL of Disbursements This Page (optional)

280.90

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 154 / 204

☒ 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)
Oberweis for Congress

A. Full Name (Last, First, Middle Initial) Office Max	Transaction ID: SB17.5472 Date of Disbursement
Mailing Address 321 North Randall Rd	<div> <div><small>M</small>1</div> <div><small>M</small>1</div> <div>/</div> <div><small>D</small>1</div> <div><small>D</small>3</div> <div>/</div> <div><small>Y</small>2</div> <div><small>Y</small>0</div> <div><small>Y</small>0</div> <div><small>Y</small>7</div> </div>
City Batavia State IL Zip Code 60510	Amount of Each Disbursement this Period
Purpose of Disbursement office supplies Candidate Name	<div> <div>13.36</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Office Max	Transaction ID: SB17.5595 Date of Disbursement
Mailing Address 321 North Randall Rd	<div> <div><small>M</small>1</div> <div><small>M</small>2</div> <div>/</div> <div><small>D</small>1</div> <div><small>D</small>1</div> <div>/</div> <div><small>Y</small>2</div> <div><small>Y</small>0</div> <div><small>Y</small>0</div> <div><small>Y</small>7</div> </div>
City Batavia State IL Zip Code 60510	Amount of Each Disbursement this Period
Purpose of Disbursement office supplies Candidate Name	<div> <div>90.93</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Office Max	Transaction ID: SB17.5642 Date of Disbursement
Mailing Address 321 North Randall Rd	<div> <div><small>M</small>1</div> <div><small>M</small>2</div> <div>/</div> <div><small>D</small>1</div> <div><small>D</small>8</div> <div>/</div> <div><small>Y</small>2</div> <div><small>Y</small>0</div> <div><small>Y</small>0</div> <div><small>Y</small>7</div> </div>
City Batavia State IL Zip Code 60510	Amount of Each Disbursement this Period
Purpose of Disbursement office supplies Candidate Name	<div> <div>111.52</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

215.81

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 155 / 204

☒ 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)
Oberweis for Congress

A. Full Name (Last, First, Middle Initial) Office Max Mailing Address 321 North Randall Rd	Transaction ID: SB17.5749 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 3 / 2 0 0 8</div> </div>
City State Zip Code Batavia IL 60510 Purpose of Disbursement office supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div> <div>36.17</div> <div><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</div> </div>
B. Full Name (Last, First, Middle Initial) Photographic Edge Mailing Address 726 S Broadway City State Zip Code Aurora IL 60505 Purpose of Disbursement photography Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5603 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 1 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div> <div>1454.00</div> <div><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</div> </div>
C. Full Name (Last, First, Middle Initial) Postmaster Mailing Address 500 N Randall Rd City State Zip Code Batavia IL 60510-1974 Purpose of Disbursement postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5068 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 0 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div> <div>82.00</div> <div><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</div> </div>

SUBTOTAL of Disbursements This Page (optional) ►

1572.17

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 156 / 204

☒ 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)
Oberweis for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Postmaster</p> <p>Mailing Address 500 N Randall Rd</p> <p>City Batavia State IL Zip Code 60510-1974</p> <p>Purpose of Disbursement postage</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5069</p> <p>Date of Disbursement <div> <div>10</div> <div>16</div> <div>2007</div> </div> </p> <p>Amount of Each Disbursement this Period <div>369.00</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Postmaster</p> <p>Mailing Address 500 N Randall Rd</p> <p>City Batavia State IL Zip Code 60510-1974</p> <p>Purpose of Disbursement postage</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5070</p> <p>Date of Disbursement <div> <div>10</div> <div>18</div> <div>2007</div> </div> </p> <p>Amount of Each Disbursement this Period <div>205.00</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Postmaster</p> <p>Mailing Address 500 N Randall Rd</p> <p>City Batavia State IL Zip Code 60510-1974</p> <p>Purpose of Disbursement postage</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5071</p> <p>Date of Disbursement <div> <div>10</div> <div>20</div> <div>2007</div> </div> </p> <p>Amount of Each Disbursement this Period <div>287.00</div> </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)

861.00

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 PageFOR LINE NUMBER:
(check only one)

PAGE 157 / 204

<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)
Oberweis for Congress**A.**Full Name (Last, First, Middle Initial)
Postmaster

Mailing Address 500 N Randall Rd

City Batavia State IL Zip Code 60510-1974

Purpose of Disbursement
postage

Candidate Name

001
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.5191

Date of Disbursement

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

Amount of Each Disbursement this Period

574.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**B.**Full Name (Last, First, Middle Initial)
Postmaster

Mailing Address 500 N Randall Rd

City Batavia State IL Zip Code 60510-1974

Purpose of Disbursement
stamps

Candidate Name

001
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.5485

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	6	/	2	0	0	7

Amount of Each Disbursement this Period

410.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**C.**Full Name (Last, First, Middle Initial)
Postmaster

Mailing Address 500 N Randall Rd

City Batavia State IL Zip Code 60510-1974

Purpose of Disbursement
stamps

Candidate Name

006
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.5615

Date of Disbursement

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

Amount of Each Disbursement this Period

820.00

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

SUBTOTAL of Disbursements This Page (optional)

1804.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 158 / 204

☒ 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)
Oberweis for Congress

A. Full Name (Last, First, Middle Initial) Postmaster Mailing Address 500 N Randall Rd	Transaction ID: SB17.5647 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 2 6 / 2 0 0 7</div> </div>
City Batavia State IL Zip Code 60510-1974 Purpose of Disbursement stamps Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>410.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Postmaster Mailing Address 500 N Randall Rd City Batavia State IL Zip Code 60510-1974 Purpose of Disbursement stamps Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6367 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 1 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>615.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Postmaster Mailing Address 500 N Randall Rd City Batavia State IL Zip Code 60510-1974 Purpose of Disbursement stamps Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6368 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 4 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>254.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
SUBTOTAL of Disbursements This Page (optional) ▶	<div>1279.00</div>
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 159 / 204

☒ 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)
Oberweis for Congress

A. Full Name (Last, First, Middle Initial) Postmaster	Transaction ID: SB17.6369
Mailing Address	Date of Disbursement
500 N Randall Rd	<div> <div>01</div> <div>15</div> <div>2008</div> </div>
City Batavia	Amount of Each Disbursement this Period
State IL	268.80
Zip Code 60510-1974	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement stamps	001
Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	
B. Full Name (Last, First, Middle Initial) Powerpay	Transaction ID: SB17.5047
Mailing Address	Date of Disbursement
280 Fore St	<div> <div>10</div> <div>31</div> <div>2007</div> </div>
City Portland	Amount of Each Disbursement this Period
State ME	342.70
Zip Code 04101	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement credit card processing fee	001
Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	
C. Full Name (Last, First, Middle Initial) Powerpay	Transaction ID: SB17.5531
Mailing Address	Date of Disbursement
280 Fore St	<div> <div>11</div> <div>30</div> <div>2007</div> </div>
City Portland	Amount of Each Disbursement this Period
State ME	257.53
Zip Code 04101	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement service charges	001
Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	

SUBTOTAL of Disbursements This Page (optional)

869.03

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 160 / 204

☒ 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)
Oberweis for Congress

A.

Full Name (Last, First, Middle Initial)
R & J Construction

Mailing Address 30 W 180 Butterfield Rd

City Warrenville State IL Zip Code 60555

Purpose of Disbursement
signage

Candidate Name

006
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.5478

Date of Disbursement

11 / 13 / 2007

Amount of Each Disbursement this Period

2156.63

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

B.

Full Name (Last, First, Middle Initial)
Richard Norman Group

Mailing Address 44084 Riverside Parkway Ste 350

City Lansdowne State VA Zip Code 20176

Purpose of Disbursement
fundraising

Candidate Name

003
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.5482

Date of Disbursement

11 / 15 / 2007

Amount of Each Disbursement this Period

19500.00

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

C.

Full Name (Last, First, Middle Initial)
Richard Norman Group

Mailing Address 44084 Riverside Parkway Ste 350

City Lansdowne State VA Zip Code 20176

Purpose of Disbursement
fundraising

Candidate Name

003
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.6355

Date of Disbursement

01 / 04 / 2008

Amount of Each Disbursement this Period

35870.00

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

SUBTOTAL of Disbursements This Page (optional)

57526.63

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 161 / 204

☒ 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)
Oberweis for Congress

A. Full Name (Last, First, Middle Initial) Phillip Rodrigues Mailing Address 1000 Ovaltine Ct Unit 1025	Transaction ID: SB17.5149 Date of Disbursement <div> <div>10</div> <div>01</div> <div>2007</div> </div>
City Villa Park State IL Zip Code 60181 Purpose of Disbursement salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <div>777.50</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Phillip Rodrigues Mailing Address 1000 Ovaltine Ct Unit 1025 City Villa Park State IL Zip Code 60181 Purpose of Disbursement salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.5152 Date of Disbursement <div> <div>10</div> <div>04</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>125.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Phillip Rodrigues Mailing Address 1000 Ovaltine Ct Unit 1025 City Villa Park State IL Zip Code 60181 Purpose of Disbursement salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.5155 Date of Disbursement <div> <div>10</div> <div>16</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>961.87</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
SUBTOTAL of Disbursements This Page (optional)	<div>1864.37</div>
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 162 / 204

☒ 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)
Oberweis for Congress

A. Full Name (Last, First, Middle Initial) Phillip Rodrigues	Transaction ID: SB17.5091 Date of Disbursement
Mailing Address 1000 Ovaltine Ct Unit 1025	<div> <div>10</div> <div>22</div> <div>2007</div> </div>
City Villa Park State IL Zip Code 60181	Amount of Each Disbursement this Period
Purpose of Disbursement reimbursement-campaign supplies	<div>21.28</div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Phillip Rodrigues	Transaction ID: SB17.5096 Date of Disbursement
Mailing Address 1000 Ovaltine Ct Unit 1025	<div> <div>10</div> <div>30</div> <div>2007</div> </div>
City Villa Park State IL Zip Code 60181	Amount of Each Disbursement this Period
Purpose of Disbursement reimbursement-office supplies	<div>32.08</div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Office Max	Transaction ID: SB17.5096.0 Date of Disbursement
Mailing Address 321 North Randall Rd	<div> <div>10</div> <div>18</div> <div>2007</div> </div>
City Batavia State IL Zip Code 60510	Amount of Each Disbursement this Period
Purpose of Disbursement office supplies	<div>32.08</div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

53.36

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 163 / 204

☒ 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)
Oberweis for Congress

A. Full Name (Last, First, Middle Initial) Phillip Rodrigues	Transaction ID: SB17.5173 Date of Disbursement
Mailing Address 1000 Ovaltine Ct Unit 1025	<div> <div><small>M</small>1</div> <div><small>M</small></div> <div>/</div> <div><small>D</small>0</div> <div><small>D</small>1</div> <div>/</div> <div><small>Y</small>2</div> <div><small>Y</small>0</div> <div><small>Y</small>0</div> <div><small>Y</small>7</div> </div>
City Villa Park State IL Zip Code 60181	Amount of Each Disbursement this Period
Purpose of Disbursement salary	<div>961.87</div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Phillip Rodrigues	Transaction ID: SB17.5190 Date of Disbursement
Mailing Address 1000 Ovaltine Ct Unit 1025	<div> <div><small>M</small>1</div> <div><small>M</small></div> <div>/</div> <div><small>D</small>0</div> <div><small>D</small>1</div> <div>/</div> <div><small>Y</small>2</div> <div><small>Y</small>0</div> <div><small>Y</small>0</div> <div><small>Y</small>7</div> </div>
City Villa Park State IL Zip Code 60181	Amount of Each Disbursement this Period
Purpose of Disbursement reimburse-campaign sign supplies	<div>30.46</div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Phillip Rodrigues	Transaction ID: SB17.5497 Date of Disbursement
Mailing Address 1000 Ovaltine Ct Unit 1025	<div> <div><small>M</small>1</div> <div><small>M</small></div> <div>/</div> <div><small>D</small>1</div> <div><small>D</small>6</div> <div>/</div> <div><small>Y</small>2</div> <div><small>Y</small>0</div> <div><small>Y</small>0</div> <div><small>Y</small>7</div> </div>
City Villa Park State IL Zip Code 60181	Amount of Each Disbursement this Period
Purpose of Disbursement salary	<div>961.87</div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

1954.20

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 164 / 204

☒ 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)
Oberweis for Congress

A. Full Name (Last, First, Middle Initial) Phillip Rodrigues	Transaction ID: SB17.5564 Date of Disbursement
Mailing Address 1000 Ovaltine Ct Unit 1025	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 1 / 2 0 0 7</div> </div>
City Villa Park State IL Zip Code 60181	Amount of Each Disbursement this Period
Purpose of Disbursement salary	<div> <div>961.87</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Phillip Rodrigues	Transaction ID: SB17.5591 Date of Disbursement
Mailing Address 1000 Ovaltine Ct Unit 1025	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 4 / 2 0 0 7</div> </div>
City Villa Park State IL Zip Code 60181	Amount of Each Disbursement this Period
Purpose of Disbursement reimbursement-mileage	<div> <div>44.10</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Phillip Rodrigues	Transaction ID: SB17.5627 Date of Disbursement
Mailing Address 1000 Ovaltine Ct Unit 1025	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 6 / 2 0 0 7</div> </div>
City Villa Park State IL Zip Code 60181	Amount of Each Disbursement this Period
Purpose of Disbursement salary	<div> <div>961.87</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

1967.84

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 165 / 204

<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)
Oberweis for Congress**A.**

Full Name (Last, First, Middle Initial)

Phillip Rodrigues

Mailing Address 1000 Ovaltine Ct Unit 1025

City Villa Park State IL Zip Code 60181

Purpose of Disbursement
salary

Candidate Name

001
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.5728

Date of Disbursement

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

Amount of Each Disbursement this Period

961.87

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

Full Name (Last, First, Middle Initial)

Phillip Rodrigues

Mailing Address 1000 Ovaltine Ct Unit 1025

City Villa Park State IL Zip Code 60181

Purpose of Disbursement
salary

Candidate Name

001
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.5767

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	6	/	2	0	0	8

Amount of Each Disbursement this Period

961.87

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

Full Name (Last, First, Middle Initial)

Phillip Rodrigues

Mailing Address 1000 Ovaltine Ct Unit 1025

City Villa Park State IL Zip Code 60181

Purpose of Disbursement
reimburse travel

Candidate Name

002
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.5778

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	6	/	2	0	0	8

Amount of Each Disbursement this Period

28.50

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

SUBTOTAL of Disbursements This Page (optional)

1952.24

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 166 / 204

☒ 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)
Oberweis for Congress

A. Full Name (Last, First, Middle Initial) Shane Rundle Mailing Address 1850 Thurow St	Transaction ID: SB17.5477 Date of Disbursement <div> <div>11</div> <div>13</div> <div>2007</div> </div>
City Sycamore State IL Zip Code 60178 Purpose of Disbursement reimburse office equipment Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>21.29</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Best Buy Mailing Address 1876 South Randall Road City Geneva State IL Zip Code 60134 Purpose of Disbursement computer equipment Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5477.0 Date of Disbursement <div>11</div> <div>13</div> <div>2007</div> Amount of Each Disbursement this Period <div>21.29</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) Justin Shimko Mailing Address 370 Olson Ct City Batavia State IL Zip Code 60510 Purpose of Disbursement salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5726 Date of Disbursement <div>01</div> <div>01</div> <div>2008</div> Amount of Each Disbursement this Period <div>1006.37</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

1027.66

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 167 / 204

☒ 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)
Oberweis for Congress

A. Full Name (Last, First, Middle Initial) Justin Shimko Mailing Address 370 Olson Ct	Transaction ID: SB17.5766 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 6 / 2 0 0 8</div> </div>
City State Zip Code Batavia IL 60510 Purpose of Disbursement salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>1006.37</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Spaulding Group Mailing Address 2306 Frankfort Ave City State Zip Code Louisville KY 40206 Purpose of Disbursement printing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5132 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 5 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div>2173.89</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Spaulding Group Mailing Address 2306 Frankfort Ave City State Zip Code Louisville KY 40206 Purpose of Disbursement printing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5060 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 5 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div>582.52</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
SUBTOTAL of Disbursements This Page (optional)	<div>3762.78</div>
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 PageFOR LINE NUMBER:
(check only one)

PAGE 168 / 204

<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)
Oberweis for Congress

A. Full Name (Last, First, Middle Initial) Spaulding Group	Transaction ID: SB17.5606 Date of Disbursement																				
Mailing Address 2306 Frankfort Ave	<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>2</td><td></td><td>1</td><td>1</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	2		1	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	1		2	0	0	7												
City Louisville State KY Zip Code 40206	Amount of Each Disbursement this Period																				
Purpose of Disbursement printing	<table border="1"> <tr> <td>6</td><td>7</td><td>3</td><td>.</td><td>7</td><td>8</td> </tr> </table>	6	7	3	.	7	8														
6	7	3	.	7	8																
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Spaulding Group	Transaction ID: SB17.5763 Date of Disbursement																				
Mailing Address 2306 Frankfort Ave	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	0		2	0	0	8												
City Louisville State KY Zip Code 40206	Amount of Each Disbursement this Period																				
Purpose of Disbursement printing	<table border="1"> <tr> <td>2</td><td>2</td><td>8</td><td>.</td><td>1</td><td>2</td> </tr> </table>	2	2	8	.	1	2														
2	2	8	.	1	2																
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Sullivan & Associates	Transaction ID: SB17.5200 Date of Disbursement																				
Mailing Address 601 Pennsylvania Ave NW Ste 900	<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>0</td><td>8</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		0	8		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	8		2	0	0	7												
City Washington State DC Zip Code 20004	Amount of Each Disbursement this Period																				
Purpose of Disbursement legal services	<table border="1"> <tr> <td>3</td><td>7</td><td>0</td><td>.</td><td>5</td><td>0</td> </tr> </table>	3	7	0	.	5	0														
3	7	0	.	5	0																
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

6662.40

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 169 / 204

☒ 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)
Oberweis for Congress

A.	<p>Full Name (Last, First, Middle Initial) Sullivan & Associates</p> <p>Mailing Address 601 Pennsylvania Ave NW Ste 900</p> <p>City Washington State DC Zip Code 20004</p> <p>Purpose of Disbursement legal</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5654</p> <p>Date of Disbursement <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>1 2</div> <div>2 6</div> <div>2 0 0 7</div> </div> </p> <p>Amount of Each Disbursement this Period <div>9794.00</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
B.	<p>Full Name (Last, First, Middle Initial) T-Mobile</p> <p>Mailing Address PO Box 742596</p> <p>City Cincinnati State OH Zip Code 45274</p> <p>Purpose of Disbursement office equipment</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5061</p> <p>Date of Disbursement <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>1 0</div> <div>0 3</div> <div>2 0 0 7</div> </div> </p> <p>Amount of Each Disbursement this Period <div>796.80</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
C.	<p>Full Name (Last, First, Middle Initial) T-Mobile</p> <p>Mailing Address PO Box 742596</p> <p>City Cincinnati State OH Zip Code 45274</p> <p>Purpose of Disbursement telephone</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5480</p> <p>Date of Disbursement <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>1 1</div> <div>1 3</div> <div>2 0 0 7</div> </div> </p> <p>Amount of Each Disbursement this Period <div>838.25</div> </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)

11429.05

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 170 / 204

☒ 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)
Oberweis for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) T-Mobile</p> <p>Mailing Address PO Box 742596</p> <p>City Cincinnati State OH Zip Code 45274</p> <p>Purpose of Disbursement telephone</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5639</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="873.89"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) T-Mobile</p> <p>Mailing Address PO Box 742596</p> <p>City Cincinnati State OH Zip Code 45274</p> <p>Purpose of Disbursement telephone expense</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.6383</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="864.26"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Target</p> <p>Mailing Address 115 N Randall Rd</p> <p>City Batavia State IL Zip Code 60510</p> <p>Purpose of Disbursement volunteer provisions</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5614</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="87.34"/></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)

1825.49

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 171 / 204

<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)
Oberweis for Congress**A.**Full Name (Last, First, Middle Initial)
Target

Mailing Address 115 N Randall Rd

City State Zip Code
Batavia IL 60510Purpose of Disbursement
office supplies
Candidate Name001
Category/
TypeOffice Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼
State: District:

Transaction ID: SB17.5750

Date of Disbursement

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

Amount of Each Disbursement this Period

19.87

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**B.**Full Name (Last, First, Middle Initial)
Robert Tiballi

Mailing Address PO Box 5934

City State Zip Code
Elgin IL 60121Purpose of Disbursement
In-kind - fundraiser
Candidate NameCategory/
TypeOffice Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼
State: District:

Transaction ID: SB17.6524

Date of Disbursement

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

Amount of Each Disbursement this Period

300.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**C.**Full Name (Last, First, Middle Initial)
Henry Treftz

Mailing Address 2174 Pointe Blvd

City State Zip Code
Aurora IL 60504Purpose of Disbursement
grass roots consultant
Candidate Name001
Category/
TypeOffice Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼
State: District:

Transaction ID: SB17.5108

Date of Disbursement

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

Amount of Each Disbursement this Period

750.00

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

SUBTOTAL of Disbursements This Page (optional)

1069.87

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 PageFOR LINE NUMBER:
(check only one)

PAGE 172 / 204

<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)
Oberweis for Congress**A.**

Full Name (Last, First, Middle Initial)

Henry Treftz

Mailing Address 2174 Pointe Blvd

City Aurora State IL Zip Code 60504

Purpose of Disbursement
grass roots consultant

Candidate Name

001
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.5114

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	6		2	0	0	7

Amount of Each Disbursement this Period

750.00

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

Full Name (Last, First, Middle Initial)

Henry Treftz

Mailing Address 2174 Pointe Blvd

City Aurora State IL Zip Code 60504

Purpose of Disbursement
reimbursement-software

Candidate Name

001
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.5092

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	4		2	0	0	7

Amount of Each Disbursement this Period

319.00

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

Full Name (Last, First, Middle Initial)

TechSmith Corporation

Mailing Address 2405 Woodlake Dr

City Okemos State MI Zip Code 48864

Purpose of Disbursement
software

Candidate Name

006
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.5092.0

Date of Disbursement

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

Amount of Each Disbursement this Period

319.00

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

SUBTOTAL of Disbursements This Page (optional)

1069.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 173 / 204

☒ 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)
Oberweis for Congress

A. Full Name (Last, First, Middle Initial) Henry Treftz Mailing Address 2174 Pointe Blvd	Transaction ID: SB17.5178 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2007</div> </div>
City Aurora State IL Zip Code 60504 Purpose of Disbursement grass roots consultant Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>750.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Henry Treftz Mailing Address 2174 Pointe Blvd City Aurora State IL Zip Code 60504 Purpose of Disbursement grass roots consultant Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5504 Date of Disbursement <div> <div>11</div> <div>16</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>750.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Henry Treftz Mailing Address 2174 Pointe Blvd City Aurora State IL Zip Code 60504 Purpose of Disbursement grass roots consultant Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5570 Date of Disbursement <div> <div>12</div> <div>01</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>750.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 174 / 204

☒ 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)
Oberweis for Congress

A.

Full Name (Last, First, Middle Initial)
Henry Treftz

Mailing Address 2174 Pointe Blvd

City Aurora State IL Zip Code 60504

Purpose of Disbursement
grass roots consultant
Candidate Name

001
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼
 State: District:

Transaction ID: SB17.5633
Date of Disbursement

12 / 16 / 2007

Amount of Each Disbursement this Period

750.00

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

B.

Full Name (Last, First, Middle Initial)
Henry Treftz

Mailing Address 2174 Pointe Blvd

City Aurora State IL Zip Code 60504

Purpose of Disbursement
grass roots consultant
Candidate Name

001
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼
 State: District:

Transaction ID: SB17.5734
Date of Disbursement

01 / 01 / 2008

Amount of Each Disbursement this Period

750.00

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

C.

Full Name (Last, First, Middle Initial)
Henry Treftz

Mailing Address 2174 Pointe Blvd

City Aurora State IL Zip Code 60504

Purpose of Disbursement
grass roots consultant
Candidate Name

001
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼
 State: District:

Transaction ID: SB17.5772
Date of Disbursement

01 / 16 / 2008

Amount of Each Disbursement this Period

750.00

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

SUBTOTAL of Disbursements This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 175 / 204

☒ 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)
Oberweis for Congress

A.

Full Name (Last, First, Middle Initial)
Twentythree Five Inc

Mailing Address 0N217 Windemere Rd #3406

City Winfield State IL Zip Code 60190

Purpose of Disbursement
advertisement

Candidate Name

004

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.5579

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.00

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

B.

Full Name (Last, First, Middle Initial)
Twentythree Five Inc

Mailing Address 0N217 Windemere Rd #3406

City Winfield State IL Zip Code 60190

Purpose of Disbursement
advertisement

Candidate Name

004

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.5742

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.00

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

C.

Full Name (Last, First, Middle Initial)
Two Rivers Teleconferencing

Mailing Address PO Box 766

City Palatine State IL Zip Code 60510

Purpose of Disbursement
teleconferencing

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.5760

Date of Disbursement

/ /

Amount of Each Disbursement this Period

675.00

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

SUBTOTAL of Disbursements This Page (optional)

875.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 176 / 204

☒ 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)
Oberweis for Congress

A.

Full Name (Last, First, Middle Initial)
U.S. Treasury

Mailing Address PO Box 70503

City Charlotte State NC Zip Code 29201-0503

Purpose of Disbursement
payroll tax & withholding

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.5161

Date of Disbursement

10 / 24 / 2007

Amount of Each Disbursement this Period

525.54

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

B.

Full Name (Last, First, Middle Initial)
U.S. Treasury

Mailing Address PO Box 70503

City Charlotte State NC Zip Code 29201-0503

Purpose of Disbursement
payroll tax & withholding

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.5162

Date of Disbursement

10 / 24 / 2007

Amount of Each Disbursement this Period

294.54

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

C.

Full Name (Last, First, Middle Initial)
U.S. Treasury

Mailing Address PO Box 70503

City Charlotte State NC Zip Code 29201-0503

Purpose of Disbursement
payroll tax & withholding

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.5163

Date of Disbursement

10 / 24 / 2007

Amount of Each Disbursement this Period

732.83

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

SUBTOTAL of Disbursements This Page (optional)

1552.91

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 177 / 204

☒ 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)
Oberweis for Congress

A. Full Name (Last, First, Middle Initial) U.S. Treasury Mailing Address PO Box 70503	Transaction ID: SB17.5164 Date of Disbursement <div> <div>10</div> <div>24</div> <div>2007</div> </div>
City Charlotte State NC Zip Code 29201-0503 Purpose of Disbursement payroll tax & withholding Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>328.83</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) U.S. Treasury Mailing Address PO Box 70503 City Charlotte State NC Zip Code 29201-0503 Purpose of Disbursement payroll tax Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5168 Date of Disbursement <div> <div>10</div> <div>24</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>11.86</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) U.S. Treasury Mailing Address PO Box 70503 City Charlotte State NC Zip Code 29201-0503 Purpose of Disbursement payroll tax & withholding Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5584 Date of Disbursement <div> <div>12</div> <div>03</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>6864.76</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
SUBTOTAL of Disbursements This Page (optional) ▶	<div>7205.45</div>
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 178 / 204

☒ 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)
Oberweis for Congress

A. Full Name (Last, First, Middle Initial) U.S. Treasury Mailing Address PO Box 70503	Transaction ID: SB17.5607 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 2 / 2 0 0 7</div> </div>
City Charlotte State NC Zip Code 29201-0503 Purpose of Disbursement payroll taxes & withholding Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>5188.68</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) U.S. Treasury Mailing Address PO Box 70503 City Charlotte State NC Zip Code 29201-0503 Purpose of Disbursement payroll taxes & withholding Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5657 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 2 8 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div>2326.10</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) U.S. Treasury Mailing Address PO Box 70503 City Charlotte State NC Zip Code 29201-0503 Purpose of Disbursement payroll taxes & withholding Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6425 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 6 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>5331.52</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
SUBTOTAL of Disbursements This Page (optional) ►	
TOTAL This Period (last page this line number only) ►	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 179 / 204

☒ 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)
Oberweis for Congress

A. Full Name (Last, First, Middle Initial) Katrina Uremovich Mailing Address 1055 Mason Ave	Transaction ID: SB17.6528 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 6 / 2 0 0 8</div> </div>
City Joliet State IL Zip Code 60435 Purpose of Disbursement In-kind - fundraiser Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <div>1322.21</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) uxCast LLC Mailing Address 210 North Racine Ave Ste 2S City Chicago State IL Zip Code 60607 Purpose of Disbursement website Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.5483 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 1 5 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div>4350.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) uxCast LLC Mailing Address 210 North Racine Ave Ste 2S City Chicago State IL Zip Code 60607 Purpose of Disbursement website activities Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.5748 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 2 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>910.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

6582.21

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 180 / 204

☒ 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)
Oberweis for Congress

A. Full Name (Last, First, Middle Initial) Vedder Price Mailing Address 222 North LaSalle St	Transaction ID: SB17.5640 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 7 / 2 0 0 7</div> </div>
City Chicago State IL Zip Code 60601 Purpose of Disbursement legal expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>668.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Victory Media Group Mailing Address 1816 Garfield Ave City Aurora State IL Zip Code 60506 Purpose of Disbursement media consultant Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5098 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 0 1 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div>15000.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Victory Media Group Mailing Address 1816 Garfield Ave City Aurora State IL Zip Code 60506 Purpose of Disbursement media Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5137 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 0 4 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div>43978.77</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
SUBTOTAL of Disbursements This Page (optional) ▶	<div>59646.77</div>
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 181 / 204

☒ 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)
Oberweis for Congress

A. Full Name (Last, First, Middle Initial) Victory Media Group Mailing Address 1816 Garfield Ave	Transaction ID: SB17.5138 Date of Disbursement <div> <div>10</div> <div>16</div> <div>2007</div> </div>
City Aurora State IL Zip Code 60506 Purpose of Disbursement media Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: [] Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>74878.02</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Victory Media Group Mailing Address 1816 Garfield Ave City Aurora State IL Zip Code 60506 Purpose of Disbursement media Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: [] Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5139 Date of Disbursement <div> <div>10</div> <div>22</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>12800.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Victory Media Group Mailing Address 1816 Garfield Ave City Aurora State IL Zip Code 60506 Purpose of Disbursement media consultant Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: [] Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5186 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>15000.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
SUBTOTAL of Disbursements This Page (optional) ►	
TOTAL This Period (last page this line number only) ►	

102678.02

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 182 / 204

☒ 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)
Oberweis for Congress

A.

Full Name (Last, First, Middle Initial)
Victory Media Group

Mailing Address 1816 Garfield Ave

City Aurora State IL Zip Code 60506

Purpose of Disbursement
media

Candidate Name

004

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.5189

Date of Disbursement

11 / 01 / 2007

Amount of Each Disbursement this Period

52906.77

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

B.

Full Name (Last, First, Middle Initial)
Victory Media Group

Mailing Address 1816 Garfield Ave

City Aurora State IL Zip Code 60506

Purpose of Disbursement
media

Candidate Name

004

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.5481

Date of Disbursement

11 / 15 / 2007

Amount of Each Disbursement this Period

73285.86

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

C.

Full Name (Last, First, Middle Initial)
Victory Media Group

Mailing Address 1816 Garfield Ave

City Aurora State IL Zip Code 60506

Purpose of Disbursement
media

Candidate Name

004

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.5522

Date of Disbursement

11 / 21 / 2007

Amount of Each Disbursement this Period

9373.15

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

SUBTOTAL of Disbursements This Page (optional)

135565.78

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 183 / 204

☒ 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)
Oberweis for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Victory Media Group</p> <p>Mailing Address 1816 Garfield Ave</p> <p>City Aurora State IL Zip Code 60506</p> <p>Purpose of Disbursement media consultant</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5577</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 1 / 2 0 0 7</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div>15000.00</div> </div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Victory Media Group</p> <p>Mailing Address 1816 Garfield Ave</p> <p>City Aurora State IL Zip Code 60506</p> <p>Purpose of Disbursement media</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5616</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 3 / 2 0 0 7</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div>75080.76</div> </div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Victory Media Group</p> <p>Mailing Address 1816 Garfield Ave</p> <p>City Aurora State IL Zip Code 60506</p> <p>Purpose of Disbursement media consultant</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5739</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 1 / 2 0 0 8</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div>15000.00</div> </div> </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)

105080.76

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 184 / 204

☒ 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)
Oberweis for Congress

A. Full Name (Last, First, Middle Initial) Victory Media Group	Transaction ID: SB17.6377 Date of Disbursement
Mailing Address 1816 Garfield Ave	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 1 / 2 0 0 8</div> </div>
City Aurora State IL Zip Code 60506	Amount of Each Disbursement this Period
Purpose of Disbursement media consultant Candidate Name	<div> <div>10000.00</div> <div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 </div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Victory Media Group	Transaction ID: SB17.6392 Date of Disbursement
Mailing Address 1816 Garfield Ave	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 3 / 2 0 0 8</div> </div>
City Aurora State IL Zip Code 60506	Amount of Each Disbursement this Period
Purpose of Disbursement media Candidate Name	<div> <div>168296.52</div> <div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 </div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary
C. Full Name (Last, First, Middle Initial) Victory Media Group	Transaction ID: SB17.6509 Date of Disbursement
Mailing Address 1816 Garfield Ave	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 8</div> </div>
City Aurora State IL Zip Code 60506	Amount of Each Disbursement this Period
Purpose of Disbursement media Candidate Name	<div> <div>158240.03</div> <div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 </div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary

SUBTOTAL of Disbursements This Page (optional)

336536.55

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 185 / 204

☒ 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)
Oberweis for Congress

A. Full Name (Last, First, Middle Initial) Eric Voogd	Transaction ID: SB17.5150 Date of Disbursement
Mailing Address 2942 Heather Lane	<div> <div>10</div> <div>01</div> <div>2007</div> </div>
City Montgomery State IL Zip Code 60538	Amount of Each Disbursement this Period
Purpose of Disbursement salary	<div>1307.25</div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Eric Voogd	Transaction ID: SB17.5156 Date of Disbursement
Mailing Address 2942 Heather Lane	<div> <div>10</div> <div>16</div> <div>2007</div> </div>
City Montgomery State IL Zip Code 60538	Amount of Each Disbursement this Period
Purpose of Disbursement salary	<div>1103.37</div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Eric Voogd	Transaction ID: SB17.5171 Date of Disbursement
Mailing Address 2942 Heather Lane	<div> <div>11</div> <div>01</div> <div>2007</div> </div>
City Montgomery State IL Zip Code 60538	Amount of Each Disbursement this Period
Purpose of Disbursement salary	<div>1103.37</div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

3513.99

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 186 / 204

☒ 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)
Oberweis for Congress

A.

Full Name (Last, First, Middle Initial)
Eric Voogd

Mailing Address 2942 Heather Lane

City Montgomery State IL Zip Code 60538

Purpose of Disbursement
salary

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.5493

Date of Disbursement

11 / 16 / 2007

Amount of Each Disbursement this Period

1103.37

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

B.

Full Name (Last, First, Middle Initial)
Eric Voogd

Mailing Address 2942 Heather Lane

City Montgomery State IL Zip Code 60538

Purpose of Disbursement
salary

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.5507

Date of Disbursement

11 / 16 / 2007

Amount of Each Disbursement this Period

2206.75

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

C.

Full Name (Last, First, Middle Initial)
Washington Intelligence Bureau

Mailing Address 4128 Pepsi Place

City Chantilly State VA Zip Code 20151

Purpose of Disbursement
fundraising expense

Candidate Name

003
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.5600

Date of Disbursement

12 / 11 / 2007

Amount of Each Disbursement this Period

730.48

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

SUBTOTAL of Disbursements This Page (optional)

4040.60

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 187 / 204

☒ 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)
Oberweis for Congress

A.

Full Name (Last, First, Middle Initial)
Washington Intelligence Bureau

Mailing Address 4128 Pepsi Place

City Chantilly State VA Zip Code 20151

Purpose of Disbursement
fundraising expense

Candidate Name

003
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.5659

Date of Disbursement

12 / 28 / 2007

Amount of Each Disbursement this Period

249.92

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

B.

Full Name (Last, First, Middle Initial)
West Chicago Chamber of Commerce

Mailing Address 306 Main St

City West Chicago State IL Zip Code 60185

Purpose of Disbursement
Membership

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.5052

Date of Disbursement

10 / 04 / 2007

Amount of Each Disbursement this Period

215.00

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

C.

Full Name (Last, First, Middle Initial)
West Chicago Chamber of Commerce

Mailing Address 306 Main St

City West Chicago State IL Zip Code 60185

Purpose of Disbursement
luncheon

Candidate Name

007
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.5583

Date of Disbursement

12 / 03 / 2007

Amount of Each Disbursement this Period

80.00

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

SUBTOTAL of Disbursements This Page (optional)

544.92

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 188 / 204

☒ 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)
Oberweis for Congress

A. Full Name (Last, First, Middle Initial) Marvin Williams	Transaction ID: SB17.5115 Date of Disbursement
Mailing Address 611 Apple	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 6 / 2 0 0 7</div> </div>
City Dixon State IL Zip Code 61021	Amount of Each Disbursement this Period
Purpose of Disbursement grass roots consultant	<div> <div>750.00</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Marvin Williams	Transaction ID: SB17.5179 Date of Disbursement
Mailing Address 611 Apple	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 1 / 2 0 0 7</div> </div>
City Dixon State IL Zip Code 61021	Amount of Each Disbursement this Period
Purpose of Disbursement grass roots consultant	<div> <div>250.00</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Marvin Williams	Transaction ID: SB17.5505 Date of Disbursement
Mailing Address 611 Apple	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 1 6 / 2 0 0 7</div> </div>
City Dixon State IL Zip Code 61021	Amount of Each Disbursement this Period
Purpose of Disbursement grass roots consultant	<div> <div>250.00</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 189 / 204

☒ 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)
Oberweis for Congress

A. Full Name (Last, First, Middle Initial) Marvin Williams	Transaction ID: SB17.5571 Date of Disbursement
Mailing Address 611 Apple	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 1 / 2 0 0 7</div> </div>
City Dixon State IL Zip Code 61021	Amount of Each Disbursement this Period
Purpose of Disbursement grass roots consultant	<div> <div>250.00</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Marvin Williams	Transaction ID: SB17.5634 Date of Disbursement
Mailing Address 611 Apple	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 6 / 2 0 0 7</div> </div>
City Dixon State IL Zip Code 61021	Amount of Each Disbursement this Period
Purpose of Disbursement grass roots consultant	<div> <div>250.00</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Marvin Williams	Transaction ID: SB17.5735 Date of Disbursement
Mailing Address 611 Apple	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 1 / 2 0 0 8</div> </div>
City Dixon State IL Zip Code 61021	Amount of Each Disbursement this Period
Purpose of Disbursement grass roots consultant	<div> <div>250.00</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 190 / 204

<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)

Oberweis for Congress

A.

Full Name (Last, First, Middle Initial)

Marvin Williams

Mailing Address 611 Apple

City
Dixon

State
IL

Zip Code
61021

Purpose of Disbursement
grass roots consultant

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.5773

Date of Disbursement

MM / DD / YYYY
01 / 16 / 2008

Amount of Each Disbursement this Period

250.00

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

SUBTOTAL of Disbursements This Page (optional)

250.00

TOTAL This Period (last page this line number only)

1400364.79

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 191 / 204

☐ 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)
Oberweis for Congress

A. Full Name (Last, First, Middle Initial) Aurora Republican Women Mailing Address PO Box 7125	Transaction ID: SB21.6407 Date of Disbursement <div> <div>11</div> <div>29</div> <div>2007</div> </div>
City Aurora State IL Zip Code 60507 Purpose of Disbursement sponsorship Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>500.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Aurora Republican Women Mailing Address PO Box 7125 City Aurora State IL Zip Code 60507 Purpose of Disbursement sponsorship Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21.6413 Date of Disbursement <div> <div>12</div> <div>31</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>650.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Citizens to Elect Jim Zay Mailing Address 1205 Brookstone Drive City Carol Stream State IL Zip Code 60188 Purpose of Disbursement sponsorship Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21.6050 Date of Disbursement <div> <div>11</div> <div>13</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>500.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

1650.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 192 / 204

☐ 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)
Oberweis for Congress

A.

Full Name (Last, First, Middle Initial)
Citizens to Elect Randy Ramey

Mailing Address 1879 N. Neltnor Blvd #325

City State Zip Code
West Chicago IL 60185

Purpose of Disbursement
sponsorship

Candidate Name

011
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼
 State: District:

Transaction ID: SB21.6048

Date of Disbursement

12 / 06 / 2007

Amount of Each Disbursement this Period

500.00

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

B.

Full Name (Last, First, Middle Initial)
Dundee Township Republican Central Committee

Mailing Address PO Box 931

City State Zip Code
Dundee IL 60118

Purpose of Disbursement
meal tickets

Candidate Name

012
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼
 State: District:

Transaction ID: SB21.6055

Date of Disbursement

11 / 20 / 2007

Amount of Each Disbursement this Period

180.00

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

C.

Full Name (Last, First, Middle Initial)
Dundee Township Republican Central Committee

Mailing Address PO Box 931

City State Zip Code
Dundee IL 60118

Purpose of Disbursement
tickets

Candidate Name

007
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼
 State: District:

Transaction ID: SB21.6343

Date of Disbursement

01 / 15 / 2008

Amount of Each Disbursement this Period

100.00

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

SUBTOTAL of Disbursements This Page (optional)

780.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 193 / 204

☐ 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)
Oberweis for Congress

A. Full Name (Last, First, Middle Initial) DuPage County Republican Party	Transaction ID: SB21.6411 Date of Disbursement
Mailing Address 224 S Washington St	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 2 8 / 2 0 0 7</div> </div>
City Wheaton State IL Zip Code 60187-5430	Amount of Each Disbursement this Period
Purpose of Disbursement sponsorship	<div> <div>1500.00</div> </div>
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 012 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Fox Valley Republican Women's Organization	Transaction ID: SB21.6035 Date of Disbursement
Mailing Address 335 Central Ave	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 2 / 2 0 0 7</div> </div>
City Aurora State IL Zip Code 60506	Amount of Each Disbursement this Period
Purpose of Disbursement luncheon tickets	<div> <div>240.00</div> </div>
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 012 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Illinois Citizens for Life	Transaction ID: SB21.6037 Date of Disbursement
Mailing Address 5021 Fairview Ave Ste B	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 2 / 2 0 0 7</div> </div>
City Downer;s Grove State IL Zip Code 60515	Amount of Each Disbursement this Period
Purpose of Disbursement dinner	<div> <div>120.00</div> </div>
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 012 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

1860.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 194 / 204

☐ 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)
Oberweis for Congress

A. Full Name (Last, First, Middle Initial)
Northern Kane Co Chamber of Commerce

Mailing Address 2429 Randall Rd Ste B

City Carpentersville State IL Zip Code 60110

Purpose of Disbursement
tickets

Candidate Name

007
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21.6408

Date of Disbursement

11 / 29 / 2007

Amount of Each Disbursement this Period

60.00

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

B. Full Name (Last, First, Middle Initial)
Oswego Chamber of Commerce

Mailing Address 22 W Van Buren St

City Oswego State IL Zip Code 60543

Purpose of Disbursement
event sponsorship

Candidate Name

012
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21.6044

Date of Disbursement

11 / 06 / 2007

Amount of Each Disbursement this Period

300.00

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

C. Full Name (Last, First, Middle Initial)
REPUBLICAN JEWISH COALITION-POLITICAL ACTION COMMITTEE
(RJC-PAC)

Mailing Address 50 F Street NW Suite 100

City Washington State DC Zip Code 20001

Purpose of Disbursement
membership dues

Candidate Name

012
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21.6056

Date of Disbursement

11 / 20 / 2007

Amount of Each Disbursement this Period

250.00

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

SUBTOTAL of Disbursements This Page (optional)

610.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 195 / 204

☐ 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)
Oberweis for Congress

A.

Full Name (Last, First, Middle Initial)
Wayne Township Republican Organization

Mailing Address 28W470 Wynn Ave

City State Zip Code
West Chicago IL 60185

Purpose of Disbursement
meals

Candidate Name

012
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21.6034

Date of Disbursement

10 / 17 / 2007

Amount of Each Disbursement this Period

110.00

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

B.

Full Name (Last, First, Middle Initial)
West Chicago Park District

Mailing Address 157 W Washington St

City State Zip Code
West Chicago IL 60185

Purpose of Disbursement
event sponsorship

Candidate Name

012
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21.6042

Date of Disbursement

11 / 02 / 2007

Amount of Each Disbursement this Period

500.00

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

SUBTOTAL of Disbursements This Page (optional)

610.00

TOTAL This Period (last page this line number only)

5510.00

SCHEDULE C (FEC Form 3)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 196 / 204

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Oberweis for Congress

Transaction ID: SC/10.4231

LOAN SOURCE Full Name (Last, First, Middle Initial)

JAMES D OBERWEIS

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 3 BUCKINGHAM DR

City SUGAR GROVE

State IL

ZIP Code 60554

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 7D D
0 2Y Y Y Y
2 0 0 7

1/1/2009

2 % (apr)

☒ Yes ☐ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

50000.00

TOTALS This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 197 / 204

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Oberweis for Congress

Transaction ID: SC/10.4192

LOAN SOURCE Full Name (Last, First, Middle Initial)

JAMES D OBERWEIS

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 3 BUCKINGHAM DR

City SUGAR GROVE State IL ZIP Code 60554

Original Amount of Loan

250000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

250000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 8D D
0 9Y Y Y Y
2 0 0 7

1/1/2009

2

% (apr)

☒ Yes ☐ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

250000.00

TOTALS This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 198 / 204

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Oberweis for Congress

Transaction ID: SC/10.6402

LOAN SOURCE Full Name (Last, First, Middle Initial)

JAMES D OBERWEIS

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 3 BUCKINGHAM DR

City SUGAR GROVE State IL ZIP Code 60554

Original Amount of Loan

325000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

325000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
1 0D D
1 5Y Y Y Y
2 0 0 7

1/1/09

2

% (apr)

☒ Yes ☐ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

325000.00

TOTALS This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 199 / 204

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Oberweis for Congress

Transaction ID: SC/10.5666

LOAN SOURCE Full Name (Last, First, Middle Initial)

JAMES D OBERWEIS

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 3 BUCKINGHAM DR

City SUGAR GROVE State IL ZIP Code 60554

Original Amount of Loan

325000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

325000.00

TERMS

Date Incurred

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

Date Due

010109

Interest Rate

2

% (apr)

Secured:

☒ Yes ☐ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

325000.00

TOTALS This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 200 / 204

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Oberweis for Congress

Transaction ID: SC/10.5782

LOAN SOURCE Full Name (Last, First, Middle Initial)

JAMES D OBERWEIS

Election:

☐ Primary☐ General☒ Other (specify) ▼

Special-Primary

Mailing Address 3 BUCKINGHAM DR

City SUGAR GROVE

State IL

ZIP Code

60554

Original Amount of Loan

340000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

340000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

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

1/1/09

2

% (apr)

☒ Yes ☐ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

340000.00

TOTALS This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 201 / 204

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Oberweis for Congress

Transaction ID: SC/10.5781

LOAN SOURCE Full Name (Last, First, Middle Initial)

JAMES D OBERWEIS

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 3 BUCKINGHAM DR

City SUGAR GROVE State IL ZIP Code 60554

Original Amount of Loan

350000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

350000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

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

1/1/09

2

% (apr)

☒ Yes ☐ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

350000.00

TOTALS This Period (last page in this line only) ▶

1640000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 202 / 204

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10NAME OF COMMITTEE (In Full)
Oberweis for Congress**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
Illinois Department of RevenueNature of Debt (Purpose):
payroll withholding

Mailing Address PO Box 19447

City State ZIP Code
Springfield IL 62794-9447

Outstanding Balance Beginning This Period

85.16

Transaction ID: SD10.4464

Amount Incurred This Period

0.00

Payment This Period

85.16

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Illinois Department of RevenueNature of Debt (Purpose):
state tax withholding

Mailing Address PO Box 19447

City State ZIP Code
Springfield IL 62794-9447

Outstanding Balance Beginning This Period

128.96

Transaction ID: SD10.4471

Amount Incurred This Period

0.00

Payment This Period

128.96

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Illinois Dept of Employment SecurityNature of Debt (Purpose):
state unemployment taxes

Mailing Address PO Box 802551

City State ZIP Code
Chicago IL 60680-2551

Outstanding Balance Beginning This Period

153.18

Transaction ID: SD10.4469

Amount Incurred This Period

0.00

Payment This Period

153.18

Outstanding Balance at Close of This Period

0.00

1) SUBTOTALS This Period This Page (optional).....

0.00

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

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 203 / 204

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)
Oberweis for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Illinois Dept of Employment Security

Nature of Debt (Purpose):
state unemployment tax

Mailing Address PO Box 802551

City State ZIP Code
Chicago IL 60680-2551

Outstanding Balance Beginning This Period

167.64

Transaction ID: SD10.4474

Amount Incurred This Period

0.00

Payment This Period

167.64

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
U.S. Treasury

Nature of Debt (Purpose):
Federal payroll tax withh-
olding

Mailing Address PO Box 70503

City State ZIP Code
Charlotte NC 29201-0503

Outstanding Balance Beginning This Period

525.54

Transaction ID: SD10.4466

Amount Incurred This Period

0.00

Payment This Period

525.54

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
U.S. Treasury

Nature of Debt (Purpose):
payroll taxes

Mailing Address PO Box 70503

City State ZIP Code
Charlotte NC 29201-0503

Outstanding Balance Beginning This Period

294.54

Transaction ID: SD10.4468

Amount Incurred This Period

0.00

Payment This Period

294.54

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional).....

0.00

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

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 204 / 204

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10NAME OF COMMITTEE (In Full)
Oberweis for Congress**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
U.S. TreasuryNature of Debt (Purpose):
Federal tax withholding

Mailing Address PO Box 70503

City State ZIP Code
Charlotte NC 29201-0503

Outstanding Balance Beginning This Period

732.83

Transaction ID: SD10.4472

Amount Incurred This Period

0.00

Payment This Period

732.83

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
U.S. TreasuryNature of Debt (Purpose):
paroll taxes

Mailing Address PO Box 70503

City State ZIP Code
Charlotte NC 29201-0503

Outstanding Balance Beginning This Period

328.83

Transaction ID: SD10.4473

Amount Incurred This Period

0.00

Payment This Period

328.83

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional)..... ▶

0.00

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

0.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

1640000.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

1640000.00