

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than 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

Family-Pac

ADDRESS (number and street) 414 NORTH ORLEANS PLAZA

SUITE 312

Check if different than previously reported. (ACC)

CHICAGO IL 60610

2. **FEC IDENTIFICATION NUMBER** C00362178

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

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

(a) Quarterly Reports:

April 15 Quarterly Report(Q1)

July 15 Quarterly Report(Q2)

October 15 Quarterly Report(Q3)

January 31 Quarterly Report(YE)

July 31 Mid-Year Report(Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

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

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

Convention (12C) Special (12G)

Election on _____ in the State of _____

(d) 30-Day **Post -Election** Report for the:

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

Election on _____ in the State of _____

5. Covering Period 04 01 2008 through 06 30 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 Paul Caprio

Signature of Treasurer Electronically Filed by Paul Caprio Date 07 24 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 3X (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Family-Pac

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		19.12
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	19.12									
(c) Total Receipts (from Line 19)	16160.00	16160.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	16179.12	16179.12								
7. Total Disbursements (from Line 31)	29474.00	29474.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	-13294.88	-13294.88								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
Family-Pac

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	11700.00	11700.00
(i) Itemized (use Schedule A)	2460.00	2460.00
(ii) Unitemized	14160.00	14160.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	14160.00	14160.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	2000.00	2000.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	16160.00	16160.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	16160.00	16160.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	4974.00	4974.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	4974.00	4974.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	22500.00	22500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	2000.00	2000.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	29474.00	29474.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	29474.00	29474.00

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	14160.00	14160.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	14160.00	14160.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	4974.00	4974.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	4974.00	4974.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 18
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Family-Pac

A.

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

Mailing Address 21 Park Ln.

City State Zip Code
Park Ridge IL 60068

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

Name of Employer Park Ridge Community Bank Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.4168

Amount of Each Receipt this Period
1000.00

B.

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

Mailing Address 21 Park Ln.

City State Zip Code
Park Ridge IL 60068

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

Name of Employer Park Ridge Community Bank Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.4201

Amount of Each Receipt this Period
200.00

C.

Full Name (Last, First, Middle Initial)
Kevin Costello

Mailing Address 600 N Dearborn Unit 1401

City State Zip Code
Chicago IL 60610

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

Name of Employer Home Run Inn Pizza Occupation Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 0 / 2 0 0 8

Transaction ID: SA11AI.4215

Amount of Each Receipt this Period
800.00

SUBTOTAL of Receipts This Page (optional) ► 2000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 18
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
Family-Pac

A. Full Name (Last, First, Middle Initial)
John Jones

Mailing Address 43 Longmeadow Road

City State Zip Code
Winnetka IL 60093

FEC ID number of contributing federal political committee. C

Name of Employer Cummins-Allison Occupation Chairman of the Board

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt M M / D D / Y Y Y Y
0 4 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.4159

Amount of Each Receipt this Period 2500.00

B. Full Name (Last, First, Middle Initial)
William Jones

Mailing Address 280 Poteet Avenue

City State Zip Code
Inverness IL 60010

FEC ID number of contributing federal political committee. C

Name of Employer Cummins-Allison Occupation President

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt M M / D D / Y Y Y Y
0 4 / 1 0 / 2 0 0 8

Transaction ID: SA11AI.4162

Amount of Each Receipt this Period 2500.00

C. Full Name (Last, First, Middle Initial)
Terrence Kenney

Mailing Address 13002 Timber Trail

City State Zip Code
Palos Heights IL 60463

FEC ID number of contributing federal political committee. C

Name of Employer Retired Occupation Retired

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt M M / D D / Y Y Y Y
0 5 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.4217

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) 5500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 8 / 18
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
Family-Pac

A. Full Name (Last, First, Middle Initial)
Mauck & Baker, LLC

Mailing Address One N. LaSalle Street

City State Zip Code
Chicago IL 60602

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.4187

Amount of Each Receipt this Period
500.00

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

Mailing Address 22 N. LaSalle

City State Zip Code
Chicago IL 60601

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

Name of Employer Occupation
Vedder Smith and Price Stockbroker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2200.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 1 0 / 2 0 0 8

Transaction ID: SA11AI.4228

Amount of Each Receipt this Period
2200.00

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

Mailing Address 200 Cherry St.

City State Zip Code
Park Ridge IL 60068

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

Name of Employer Occupation
Retired Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.4213

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **3700.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 9 / 18	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
Family-Pac

A.	Full Name (Last, First, Middle Initial) Philip Sheridan		Date of Receipt		
	Mailing Address 58 Indian Hill Rd PO Box 316		M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 0 8		
	City Winnetka	State IL	Zip Code 60093	Transaction ID: SA11AI.4219	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00		
	Name of Employer Retired	Occupation Retired			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00			

SUBTOTAL of Receipts This Page (optional)	500.00
TOTAL This Period (last page this line number only)	11700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 18
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input checked="" type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
Family-Pac

A.

Full Name (Last, First, Middle Initial) Family-Pac		Date of Receipt																				
Mailing Address 414 NORTH ORLEANS PLAZA SUITE 312		<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>4</td><td></td><td>0</td><td>1</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	4		0	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		0	1		2	0	0	8													
City	State	Zip Code																				
CHICAGO	IL	60610																				
FEC ID number of contributing federal political committee.		Transaction ID: SA13.4253																				
<input checked="" type="checkbox"/> C C00362178		Amount of Each Receipt this Period																				
Name of Employer		2000.00																				
Occupation		Loan to cover expenditure																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼																				
		2000.00																				

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 11 / 18

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

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

NAME OF COMMITTEE (In Full)
Family-Pac

<p>A. Full Name (Last, First, Middle Initial) Paul Caprio</p> <p>Mailing Address 414 NORTH ORLEANS PLAZA SUITE 312</p> <p>City CHICAGO State IL Zip Code 60610</p> <p>Purpose of Disbursement Reimb for luncheon Le Petite Paris Rest.</p> <p>Candidate Name 003 Category/ Type</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21B.4258</p> <p>Date of Disbursement 05 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 1487.00</p>
<p>B. Full Name (Last, First, Middle Initial) Paul Caprio</p> <p>Mailing Address 414 NORTH ORLEANS PLAZA SUITE 312</p> <p>City CHICAGO State IL Zip Code 60610</p> <p>Purpose of Disbursement</p> <p>Candidate Name Category/ Type</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21B.4302</p> <p>Date of Disbursement 05 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 1487.00</p>
<p>C. Full Name (Last, First, Middle Initial) Paul Caprio</p> <p>Mailing Address 414 N. Orleans Plaza Suite</p> <p>City Chicago State IL Zip Code 60610</p> <p>Purpose of Disbursement Repayment of loan from 4/2/08</p> <p>Candidate Name Category/ Type</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21B.4311</p> <p>Date of Disbursement 06 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p>

SUBTOTAL of Disbursements This Page (optional) ►

4974.00

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

4974.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 12 / 18

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

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

NAME OF COMMITTEE (In Full)
Family-Pac

A.	Full Name (Last, First, Middle Initial) Bob Schaffer for US Senate Committee <hr/> Mailing Address PO Box 102135 <hr/> City Denver State CO Zip Code 80250 <hr/> Purpose of Disbursement Campaign Contribution Candidate Name Bob Schaffer for US Senate Committee <hr/> 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: SB23.4270 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 8	Amount of Each Disbursement this Period 5000.00
B.	Full Name (Last, First, Middle Initial) Bob Schaffer for US Senate Committee <hr/> Mailing Address PO Box 102135 <hr/> City Denver State CO Zip Code 80250 <hr/> Purpose of Disbursement Campaign Contribution Candidate Name Bob Schaffer for US Senate Committee <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23.4273 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 8	Amount of Each Disbursement this Period 5000.00
C.	Full Name (Last, First, Middle Initial) Bob Schaffer for US Senate Committee <hr/> Mailing Address PO Box 102135 <hr/> City Denver State CO Zip Code 80250 <hr/> Purpose of Disbursement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23.4305 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 8	Amount of Each Disbursement this Period 5000.00

SUBTOTAL of Disbursements This Page (optional)		15000.00
TOTAL This Period (last page this line number only)		

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Family-Pac

A.	Full Name (Last, First, Middle Initial) Bob Schaffer for US Senate Committee	Transaction ID: SB23.4306 Date of Disbursement
	Mailing Address PO Box 102135	<input type="text" value="05"/> / <input type="text" value="09"/> / <input type="text" value="2008"/>
	City Denver State CO Zip Code 80250	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="5000.00"/>
	Candidate Name	<input type="text" value=""/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Dykstra for US Senate	Transaction ID: SB23.4275 Date of Disbursement
	Mailing Address PO Box 8	<input type="text" value="06"/> / <input type="text" value="11"/> / <input type="text" value="2008"/>
	City Canton State SD Zip Code 57013	Amount of Each Disbursement this Period
	Purpose of Disbursement campaigning contribution	<input type="text" value="1000.00"/>
	Candidate Name	<input type="text" value="011"/>
	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) Dykstra for US Senate	Transaction ID: SB23.4314 Date of Disbursement
	Mailing Address PO Box 8	<input type="text" value="06"/> / <input type="text" value="11"/> / <input type="text" value="2008"/>
	City Canton State SD Zip Code 57013	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name	<input type="text" value=""/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="7000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value=""/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)
Family-Pac

A.

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

Mailing Address PO Box 894

City State Zip Code
Mundelein IL 60060

Purpose of Disbursement
Campaign Contribution

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB23.4277
Date of Disbursement

05 / 15 / 2008

Amount of Each Disbursement this Period

250.00

B.

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

Mailing Address PO Box 894

City State Zip Code
Mundelein IL 60060

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: SB23.4315
Date of Disbursement

05 / 15 / 2008

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional) ►

500.00

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

22500.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 15 / 18

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

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

NAME OF COMMITTEE (In Full)
Family-Pac

A.

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

Transaction ID: SB26.4255

Date of Disbursement

Mailing Address 414 NORTH ORLEANS PLAZA
SUITE 312

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	0	8

City CHICAGO State IL Zip Code 60610

Amount of Each Disbursement this Period

2000.00

Purpose of Disbursement
re-payment of loan on 4/1/08

009
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

2000.00

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

2000.00

SCHEDULE C (FEC Form 3X)

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

LOANS

NAME OF COMMITTEE (In Full)
Family-Pac
Transaction ID: SC/10.4253

LOAN SOURCE Full Name (Last, First, Middle Initial) Family-Pac	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 414 NORTH ORLEANS PLAZA SUITE 312	
City CHICAGO State IL ZIP Code 60610	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2000.00	2000.00	0.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 0 4 D D 0 1 Y Y Y Y 2 0 0 8	5/1/08	0.0000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)	0.00
TOTALS This Period (last page in this line only)	0.00

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 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 17 / 18	
	FOR LINE NUMBER: (check only one)	<input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Family-Pac

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Paul Caprio			Nature of Debt (Purpose): Loan made to Family-PAC Federal
Mailing Address 414 N. Orleans Plaza Suite			
City Chicago	State IL	ZIP Code 60610	

Outstanding Balance Beginning This Period		Transaction ID: SD10.4307	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
2000.00	2000.00	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).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	0.00

Image# 28991634953

Form/Schedule: **SB21B**

Transaction ID: **SB21B.4258**

\$1,192 Reimbursement of meal expenses from Family-PAC Federal luncheon on 5/12/08 at LePetite Paris Resturant located at 260 E. Chestnut Chicago, Illinois.

\$205 Reimbursement for Limo Services for Family-PAC-Federal luncheon Al Shrief Limousine located at 5431 North East River Rd. Chicago, Illinois 60656.

\$90 Travel Expenses Car Rental.
