

SECRETARY OF THE SENATE
05 FEB -2 PM 3:16FEC
FORM 3REPORT OF RECEIPTS
AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (In full)USE FEC MAILING LABEL
OR TYPE OR PRINTExample: If typing, type
over the lines

OBAMA FOR ILLINOIS INC

ADDRESS (number and street)

PO Box 802799

Check if different
than previously
reported. (ACC)

Chicago

IL

60680

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

STATE DISTRICT

C00381442

3. IS THIS
REPORT☒NEW
(N)

OR

☐ AMENDED
(A)

IL

00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

☐

April 15 Quarterly Report (Q1)

☐

July 15 Quarterly Report (Q2)

☐

October 15 Quarterly Report (Q3)

☒

January 31 Year-End Report (YE)

☐

Termination Report (TER)

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

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

☐☐☐In the
State of

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

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

☐☐☐In the
State of

5. Covering Period

11

23

2004

through

12

31

2004

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

Harvey Wineberg

Signature of Treasurer

Date

01

27

2005

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
OnlyFEC FORM 3
(Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

OBAMA FOR ILLINOIS INC

Report Covering the Period:

From:

MM
11DD
23YYYY
2004

To:

MM
12DD
31YYYY
2004

	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(a)).....	16439.93	41217.69
(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)).....	16439.93	41217.69
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	195135.66	195135.66
(b) Total Offsets to Operating Expenditures (from Line 14).....	16798.26	16798.26
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	178337.40	178337.40
8. Cash on Hand at Close of Reporting Period (from Line 27).....	789201.51	
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	

For further information contact:

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 02/2003)

Page 3

Write or Type Committee Name
OBAMA FOR ILLINOIS INC

Report Covering the Period:

From:

MM DD YYYY
11 23 2004

To:

MM DD YYYY
12 31 2004

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).....

8250.00

(ii) Unitemized.....

3120.00

(iii) TOTAL of contributions

11370.00

from individuals..... ➤

29186.00

(b) Political Party Committees.....

0.00

350.00

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

5069.93

11681.69

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS

(other than loans)

16439.93

41217.69

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

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

0.00

0.00

13. LOANS

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

0.00

0.00

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

**14. OFFSETS TO OPERATING
EXPENDITURES**

(Refunds, Rebates, etc.).....

16798.26

16798.26

15. OTHER RECEIPTS

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

3488.54

3488.54

16. TOTAL RECEIPTS (add Lines

11(e), 12, 13(c), 14, and 15)

(Carry Total to Line 24, page 4)..... ➤

36726.73

61504.49

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.....	195135.66	195135.66
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	4375.00	4375.00
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.....	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	199510.66	199510.66

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	951985.44
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	36726.73
25. SUBTOTAL (add Line 23 and Line 24).....	988712.17
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	199510.66
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	789201.51

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 5 / 88

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 11d	☐ 15
12	13a	13b	14	

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NAME OF COMMITTEE (in Full)

OBAMA FOR ILLINOIS INC

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

Harkshan Bhatti

Mailing Address 8202 W Park Ave

City

Niles

State

IL

Zip Code

60714-1525

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Cab Business Owner

Receipt For: 2010

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
11 / 29 / 2004

Transaction ID: C555714

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)

Hannaheel S. Brar

Mailing Address 1964 Blue Grass Court

City

Rochester Hills

State

MI

Zip Code

48306

FEC ID number of contributing
federal political committee.

C

Name of Employer
Best Efforts

Occupation

Best Efforts

Receipt For: 2010

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
12 / 30 / 2004

Transaction ID: C555813

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)

Paul Lee Choi

Mailing Address 2402 Brian Dr

City

Northbrook

State

IL

Zip Code

60062-7609

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sidley Austin Brown & Wood
LLP

Occupation

Attorney

Receipt For: 2010

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
12 / 10 / 2004

Transaction ID: C555785

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

FOR LINE NUMBER: PAGE 8 / 98

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 11d
☐ 12	☐ 13a	☐ 13b	☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

OBAMA FOR ILLINOIS INC

Full Name (Last, First, Middle Initial)

A. Arvind J Dandekar

Mailing Address 2731-28th Street

City

Marion

State

IA

Zip Code

52302

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Unknown

Receipt For: 2010

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
11 / 29 / 2004

Transaction ID: C555723

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)(4)(1a-1))

Full Name (Last, First, Middle Initial)

B. MICHAEL DICKENS, MICHAEL

Mailing Address 3625 ORDWAY ST. NW

City

WASHINGTON DC

State

DC

Zip Code

20018

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hospitality PartnersOccupation
Hotel Executive

Receipt For: 2010

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
11 / 29 / 2004

Transaction ID: C555749

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)(4)(1a-1))

Full Name (Last, First, Middle Initial)

C. Edward A Gellman

Mailing Address 3538 Albemarle Street, NW

City

Washington

State

DC

Zip Code

20008

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Attorney

Receipt For: 2010

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY
11 / 29 / 2004

Transaction ID: C555720

Amount of Each Receipt this Period

400.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)(4)(1a-1))

SUBTOTAL of Receipts This Page (optional) ▶

1150.00

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

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

FOR LINE NUMBER: PAGE 7 of 98

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 11d
☐ 12	☐ 13a	☐ 13b	☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)
OBAMA FOR ILLINOIS INC

Full Name (Last, First, Middle Initial)

A. William J. Harte

Mailing Address 111 W Washington St

City

Chicago

State

IL

Zip Code

60602-2705

FEC ID number of contributing
federal political committee.

C

Name of Employer
WILLIAM J. HARTE LTD.Occupation
Attorney

Receipt For:

2010

☒

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
12 / 21 / 2004

Transaction ID: C555796

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(f)(4)(1a-1))

Full Name (Last, First, Middle Initial)

B. Lisa G Hennigbery

Mailing Address 4815 Alton Place NW

City

Washington

State

DC

Zip Code

20018

FEC ID number of contributing
federal political committee.

C

Name of Employer
Best EffortsOccupation
Best Efforts

Receipt For:

2010

☒

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
11 / 29 / 2004

Transaction ID: C555721

Amount of Each Receipt this Period

300.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(f)(4)(1a-1))

Full Name (Last, First, Middle Initial)

C. Samuel K Himmelrich, Jr.

Mailing Address 1340 Smith Avenue
Suite 200

City

Baltimore

State

MD

Zip Code

21209

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Real Estate

Receipt For:

2010

☒

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
11 / 30 / 2004

Transaction ID: C555776

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(f)(4)(1a-1))

SUBTOTAL of Receipts This Page (optional) ▶

1800.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: | PAGE 8 / 98

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 11d
☐ 12	☐ 13a	☐ 13b	☐ 14
☐ 15			

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NAME OF COMMITTEE (In Full)

OBAMA FOR ILLINOIS INC

Full Name (Last, First, Middle Initial)

A. Laron Johnson

Mailing Address 1645 W Erie
Suite 2ECity State Zip Code
Chicago IL 60622FEC ID number of contributing
federal political committee.

C

Name of Employer
Best EffortsOccupation
Best Efforts

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
11 / 29 / 2004

Transaction ID: C555719

Amount of Each Receipt this Period

1000.00

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

Full Name (Last, First, Middle Initial)

B. Robert B Kelly

Mailing Address 17711 Globe Theatre Drive

City State Zip Code
Olney MD 20832-1676FEC ID number of contributing
federal political committee.

C

Name of Employer
Sawyer Salders & DempseyOccupation
Attorney

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
11 / 29 / 2004

Transaction ID: C555722

Amount of Each Receipt this Period

300.00

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

Full Name (Last, First, Middle Initial)

C. Jill F Low

Mailing Address 509 W Wallington Ave

City State Zip Code
Chicago IL 60657FEC ID number of contributing
federal political committee.

C

Name of Employer
HomemakerOccupation
Homemaker

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
12 / 10 / 2004

Transaction ID: C555787

Amount of Each Receipt this Period

1000.00

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

SUBTOTAL of Receipts This Page (optional)

2300.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 9/98

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

OBAMA FOR ILLINOIS INC

Full Name (Last, First, Middle Initial)

A. Babu Patel

Mailing Address 340 W Diversey

City

Chicago

State

IL

Zip Code

60657

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIVERSAL FINANCIAL & INV-
ESTMENTOccupation
REALTOR

Receipt For: 2010

Election Cycle-to-Date ▼

☒ Primary ☐ General☐ Other (specify) ▼

500.00

Date of Receipt

MM / DD / YYYY
11 / 29 / 2004

Transaction ID: C555711

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)(4)41a-1)

Full Name (Last, First, Middle Initial)

B. Matthew Polka

Mailing Address 1002 Taylor Street

City

North Versailles

State

PA

Zip Code

15137

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Cable AssociationOccupation
President

Receipt For: 2010

Election Cycle-to-Date ▼

☒ Primary ☐ General☐ Other (specify) ▼

500.00

Date of Receipt

MM / DD / YYYY
12 / 21 / 2004

Transaction ID: C555795

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)(4)41a-1)

Full Name (Last, First, Middle Initial)

C. Indrapaul Singh

Mailing Address 2150 Greenview Road

City

Northbrook

State

IL

Zip Code

60062

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For: 2010

Election Cycle-to-Date ▼

☒ Primary ☐ General☐ Other (specify) ▼

500.00

Date of Receipt

MM / DD / YYYY
11 / 29 / 2004

Transaction ID: C555715

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)(4)41a-1)

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

8250.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 98

(check only one)

☐ 11a	☐ 11b	☒ 11c	☐ 11d
☐ 12	☐ 13a	☐ 13b	☐ 14
☐ 15			

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NAME OF COMMITTEE (In Full)

OBAMA FOR ILLINOIS INC

Full Name (Last, First, Middle Initial)

A. LUNCH BUNCH POLITICAL ACTION COMMITTEE

Mailing Address 6751 S CREGIER AVE

City

CHICAGO

State

IL

Zip Code

60649

FEC ID number of contributing
federal political committee.

C C00381863

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

69.93

Date of Receipt

MM / DD / YYYY
12 / 10 / 2004

Transaction ID: C555784

Amount of Each Receipt this Period

69.93

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(l)(4)41a-1)

Full Name (Last, First, Middle Initial)

B. NORTHWESTERN MUTUAL LIFE INSURANCE COMPANY FEDERAL

Mailing Address 720 E. Wisconsin Ave.

City

Milwaukee

State

WI

Zip Code

53202

FEC ID number of contributing
federal political committee.

C C00197095

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

MM / DD / YYYY
12 / 13 / 2004

Transaction ID: C555789

Amount of Each Receipt this Period

5000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(l)(4)41a-1)

SUBTOTAL of Receipts This Page (optional)

5069.93

TOTAL This Period (last page this line number only)

5069.93

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11/98

(check only one)

11a	11b	11c	11d
12	13a	13b	X 14
			15

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NAME OF COMMITTEE (In Full)

OBAMA FOR ILLINOIS INC

Full Name (Last, First, Middle Initial)

A. Ameren CIPS

Mailing Address 2105 E. State Route 104

City

State

Zip Code

Payee

IL

62558

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify)

Election Cycle-to-Date

211.43

Date of Receipt

MM	DD	YYYY
12	21	2004

Transaction ID: C555811

Amount of Each Receipt this Period

211.43

☐ Limit Increased Due to Opponent's
 Spending (2 U.S.C. 441a(i)(4)(A-1))

Full Name (Last, First, Middle Initial)

B. Archer Daniels Midland

Mailing Address 4686 Farles Parkway

City

State

Zip Code

Decatur

IL

62528

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify)

Election Cycle-to-Date

2067.54

Date of Receipt

MM	DD	YYYY
11	23	2004

Transaction ID: C555837

Amount of Each Receipt this Period

2067.54

☐ Limit Increased Due to Opponent's
 Spending (2 U.S.C. 441a(i)(4)(A-1))

 Previously reported
 Check was voided

Full Name (Last, First, Middle Initial)

C. Bely Management Services, Inc.

Mailing Address 508 Young Street

City

State

Zip Code

Dallas

TX

75202

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify)

Election Cycle-to-Date

789.36

Date of Receipt

MM	DD	YYYY
12	21	2004

Transaction ID: C555812

Amount of Each Receipt this Period

789.36

☐ Limit Increased Due to Opponent's
 Spending (2 U.S.C. 441a(i)(4)(A-1))

SUBTOTAL of Receipts This Page (optional)

3068.33

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 98

(check only one)

☐ 11a	☐ 11b	☐ 11c	☐ 11d
☐ 12	☐ 13a	☐ 13b	☒ 14
☐ 15			

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NAME OF COMMITTEE (In Full)

OBAMA FOR ILLINOIS INC

Full Name (Last, First, Middle Initial)

A. Crown Plaza

Mailing Address 3000 South Dirksen Parkway

City

Chicago

State

IL

Zip Code

60703

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

4135.70

Date of Receipt

MM	DD	YY
11	23	2004

Transaction ID: C555836

Amount of Each Receipt this Period

4135.70

☐ Limit Increased Due to Opponent's
 Spending (2 U.S.C. 441a(i)(4)(1a-1))

 Previously reported
 check was voided

Full Name (Last, First, Middle Initial)

B. Mailing Methods

Mailing Address 8850 Sterling Place

City

Caseyville

State

IL

Zip Code

62232

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

5159.37

Date of Receipt

MM	DD	YY
11	23	2004

Transaction ID: C555834

Amount of Each Receipt this Period

5159.37

☐ Limit Increased Due to Opponent's
 Spending (2 U.S.C. 441a(i)(4)(1a-1))

 Previously reported
 check was voided

Full Name (Last, First, Middle Initial)

C. USPS

Mailing Address 433 West Harrison

City

Chicago

State

IL

Zip Code

60680

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

4434.86

Date of Receipt

MM	DD	YY
11	23	2004

Transaction ID: C555835

Amount of Each Receipt this Period

4434.86

☐ Limit Increased Due to Opponent's
 Spending (2 U.S.C. 441a(i)(4)(1a-1))

 Previously reported
 check was voided

SUBTOTAL of Receipts This Page (optional)

13729.93

TOTAL This Period (last page this line number only)

18798.26

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
or each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☐ 12	☐ 13a	☐ 13b	☐ 14	

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NAME OF COMMITTEE (In Full)
OBAMA FOR ILLINOIS INC

Full Name (Last, First, Middle Initial) A. Broadway Bank		Date of Receipt MM / DD / YYYY 11 / 28 / 2004
Mailing Address 5960 N Broadway St		Transaction ID: C555830
City Chicago	State IL	Zip Code 60660-3524
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1230.12
Name of Employer	Occupation	☐ Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(A-1))
Receipt For: 2010 ☒ Primary ☐ General ☐ Other (specify) ▼	Election Cycle-to-Date ▼ 2330.99	
Full Name (Last, First, Middle Initial) B. Broadway Bank		Date of Receipt MM / DD / YYYY 12 / 28 / 2004
Mailing Address 5960 N Broadway St		Transaction ID: C555831
City Chicago	State IL	Zip Code 60660-3524
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1100.87
Name of Employer	Occupation	☐ Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(A-1))
Receipt For: 2010 ☒ Primary ☐ General ☐ Other (specify) ▼	Election Cycle-to-Date ▼ 2330.99	

SUBTOTAL of Receipts This Page (optional)

2330.99

TOTAL This Period (last page this line number only)

2330.99

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
OBAMA FOR ILLINOIS INCFull Name (Last, First, Middle Initial)
A. 310 S. Michigan Avenue LLC

Mailing Address PO Box 88499

City State Zip Code
Chicago IL 60680Purpose of Disbursement
Rent

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D8237

Date of Disbursement

12	20	2004
----	----	------

Amount of Each Disbursement this Period

3718.50

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53Full Name (Last, First, Middle Initial)
B. 310 S. Michigan Avenue LLC

Mailing Address PO Box 88499

City State Zip Code
Chicago IL 60680Purpose of Disbursement
Rent

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D8257

Date of Disbursement

12	31	2004
----	----	------

Amount of Each Disbursement this Period

3718.50

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

Mailing Address PO Box 918

City State Zip Code
Homewood IL 60430-0918Purpose of Disbursement
Rental Furniture

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D8194

Date of Disbursement

12	10	2004
----	----	------

Amount of Each Disbursement this Period

758.50

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

SUBTOTAL of Disbursements This Page (optional) ▶

8195.50

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 PageFOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)
OBAMA FOR ILLINOIS INCA. Adducci Dorf
Full Name (Last, First, Middle Initial)

Mailing Address 150 N. Michigan Avenue

City Chicago State IL Zip Code 60601

Purpose of Disbursement
Attorney Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D8238

Date of Disbursement

N	M	D	Y	Y	Y
1	2	2	0	0	4

Amount of Each Disbursement this Period

2000.00

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

Mailing Address 2445 W. Coyle

City Chicago State IL Zip Code 60645

Purpose of Disbursement
Software

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D8239

Date of Disbursement

N	M	D	Y	Y	Y
1	2	2	0	0	4

Amount of Each Disbursement this Period

2800.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53C. AT&T Wireless
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 9001309

City Louisville State KY Zip Code 40290

Purpose of Disbursement
Telephone

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D8240

Date of Disbursement

N	M	D	Y	Y	Y
1	2	2	0	0	4

Amount of Each Disbursement this Period

1999.85

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

SUBTOTAL of Disbursements This Page (optional)

6799.85

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
OBAMA FOR ILLINOIS INC

Full Name (Last, First, Middle Initial)

A. AT&T

Transaction ID: D8196

Date of Disbursement

Mailing Address Bill Payment Center

N	M	D	Y	Y	Y
1	2	1	0	2	0

City Chicago State IL Zip Code 60607

Amount of Each Disbursement this Period

Purpose of Disbursement

Telephone

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

1509.24

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

Full Name (Last, First, Middle Initial)

B. Blue Cross Blue Shield

Transaction ID: D8197

Date of Disbursement

Mailing Address 233 North Michigan Avenue

N	M	D	Y	Y	Y
1	2	1	0	2	0

City Chicago State IL Zip Code 60601

Amount of Each Disbursement this Period

Purpose of Disbursement

Insurance

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

7693.56

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

Full Name (Last, First, Middle Initial)

C. Blue Cross Blue Shield

Transaction ID: D8259

Date of Disbursement

Mailing Address 233 North Michigan Avenue

N	M	D	Y	Y	Y
1	2	3	1	2	0

City Chicago State IL Zip Code 60601

Amount of Each Disbursement this Period

Purpose of Disbursement

Insurance

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

7693.56

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

SUBTOTAL of Disbursements This Page (optional) ▶

16896.36

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

OBAMA FOR ILLINOIS INC

Full Name (Last, First, Middle Initial)

A. Thomas Bowen

Mailing Address 13200 Oakwood Drive

City Lockport State IL Zip Code 60441

Purpose of Disbursement

Pay

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D8280

Date of Disbursement

12 / 16 / 2004

Amount of Each Disbursement this Period

886.27

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

Full Name (Last, First, Middle Initial)

B. Nubia Chaldez

Mailing Address 5605 North Millmore Ave, Apt 1N

City Chicago State IL Zip Code 60646

Purpose of Disbursement

Pay

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D8281

Date of Disbursement

12 / 16 / 2004

Amount of Each Disbursement this Period

1221.35

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

Full Name (Last, First, Middle Initial)

C. CNA Insurance

Mailing Address PO Box 790094

City Saint Louis State MO Zip Code 63179-0094

Purpose of Disbursement

Insurance

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D8200

Date of Disbursement

12 / 10 / 2004

Amount of Each Disbursement this Period

355.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

2462.62

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 PageFOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)
OBAMA FOR ILLINOIS INCA. Full Name (Last, First, Middle Initial)
Peter Coffey

Mailing Address 2440 West Belle Plaine

City State Zip Code
Chicago IL 60618Purpose of Disbursement
Pay

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D8282

Date of Disbursement

N	M	D	Y
12		16	2004

Amount of Each Disbursement this Period

2545.83

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

Mailing Address 1445 MacArthur Drive, Suite 214

City State Zip Code
Carrollton TX 75007Purpose of Disbursement
Telephone

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D8201

Date of Disbursement

N	M	D	Y
12		10	2004

Amount of Each Disbursement this Period

1003.67

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53C. Full Name (Last, First, Middle Initial)
Cook County Photocopy Co.

Mailing Address 1600 W. Jarvis

City State Zip Code
Elk Grove Village IL 60007Purpose of Disbursement
Copier

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D8202

Date of Disbursement

N	M	D	Y
12		10	2004

Amount of Each Disbursement this Period

193.67

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

SUBTOTAL of Disbursements This Page (optional)

3743.17

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
OBAMA FOR ILLINOIS INC

Full Name (Last, First, Middle Initial)

A. Cook County Photocopy Co.

Mailing Address 1600 W. Jarvis

City
Elk Grove VillageState
ILZip Code
60007Purpose of Disbursement
Copier

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D8251

Date of Disbursement

M	M	D	Y	Y	Y	Y
1	2	3	1	2	0	4

Amount of Each Disbursement this Period

198.26

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

Full Name (Last, First, Middle Initial)

B. Creative Travel

Mailing Address 530 Duane Street

City
Glen EllynState
ILZip Code
60137Purpose of Disbursement
Air Travel

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D8203

Date of Disbursement

M	M	D	Y	Y	Y	Y
1	2	1	0	2	0	4

Amount of Each Disbursement this Period

5089.74

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

Full Name (Last, First, Middle Initial)

C. Creative Travel

Mailing Address 530 Duane Street

City
Glen EllynState
ILZip Code
60137Purpose of Disbursement
Air Travel

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D8241

Date of Disbursement

M	M	D	Y	Y	Y	Y
1	2	2	0	2	0	4

Amount of Each Disbursement this Period

1919.51

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

SUBTOTAL of Disbursements This Page (optional) ▶

7217.53

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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NAME OF COMMITTEE (in Full)
OBAMA FOR ILLINOIS INCFull Name (Last, First, Middle Initial)
A. Creative Travel

Mailing Address 530 Duane Street

City State Zip Code
Glen Ellyn IL 60137Purpose of Disbursement
Air Travel

Candidate Name

Category/
Type

Office Sought:	☐ House ☐ Senate ☐ President	Disbursement For: 2010 ☒ Primary ☐ General ☐ Other (specify) ▼
----------------	---	--

State: District:

Transaction ID: DB262

Date of Disbursement

MM	DD	YY
12	31	2004

Amount of Each Disbursement this Period

231.00

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

Mailing Address 79 W. Monroe, Suite 1205

City State Zip Code
Chicago IL 60603Purpose of Disbursement
Political Consulting

Candidate Name

Category/
Type

Office Bought:	☐ House ☐ Senate ☐ President	Disbursement For: 2010 ☒ Primary ☐ General ☐ Other (specify) ▼
----------------	---	--

State: District:

Transaction ID: DB204

Date of Disbursement

MM	DD	YY
12	10	2004

Amount of Each Disbursement this Period

5925.00

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

Mailing Address 7045 Calumet Ave

City State Zip Code
Hammond IN 46324Purpose of Disbursement
Printing Costs

Candidate Name

Category/
Type

Office Sought:	☐ House ☐ Senate ☐ President	Disbursement For: 2010 ☒ Primary ☐ General ☐ Other (specify) ▼
----------------	---	--

State: District:

Transaction ID: DB191

Date of Disbursement

MM	DD	YY
12	09	2004

Amount of Each Disbursement this Period

17733.34

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

SUBTOTAL of Disbursements This Page (optional) ➤

23889.34

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
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NAME OF COMMITTEE (In Full)
OBAMA FOR ILLINOIS INC

Full Name (Last, First, Middle Initial)

A. Diamond Marketing

Transaction ID: D8243

Date of Disbursement

M	D	Y
12	20	2004

Mailing Address 280 Madhen Drive

City
BloomingtonState Zip Code
IL 60108

Amount of Each Disbursement this Period

10862.14

Purpose of Disbursement

Printing Costs

Candidate Name

Category/
Type☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Liz Drew

Transaction ID: D8283

Date of Disbursement

M	D	Y
12	16	2004

Mailing Address 2428 W Bloomington Ave

City
ChicagoState Zip Code
IL 60647-4301

Amount of Each Disbursement this Period

960.62

Purpose of Disbursement

Pay

Candidate Name

Category/
Type☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. Fifth Third Bank

Transaction ID: D8277

Date of Disbursement

M	D	Y
12	02	2004

Mailing Address 346 W Carol Ln

City
ElmhurstState Zip Code
IL 60126-1003

Amount of Each Disbursement this Period

35.00

Purpose of Disbursement

Merchant Services Fees

Candidate Name

Category/
Type☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

11857.78

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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NAME OF COMMITTEE (in Full)
OBAMA FOR ILLINOIS INCA. Full Name (Last, First, Middle Initial)
Fifth Third Bank

Mailing Address 346 W Carol Ln

City Elmhurst State IL Zip Code 60126-1003

Purpose of Disbursement
Merchant Services Fees

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: DB190

Date of Disbursement

MM / DD / YYYY
12 / 06 / 2004

Amount of Each Disbursement this Period

246.05

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

Mailing Address 346 W Carol Ln

City Elmhurst State IL Zip Code 60126-1003

Purpose of Disbursement
Merchant Services Fees

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: DB232

Date of Disbursement

MM / DD / YYYY
12 / 13 / 2004

Amount of Each Disbursement this Period

100.00

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

Mailing Address 346 W Carol Ln

City Elmhurst State IL Zip Code 60126-1003

Purpose of Disbursement
Merchant Services Fees

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: DB231

Date of Disbursement

MM / DD / YYYY
12 / 13 / 2004

Amount of Each Disbursement this Period

60.11

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

SUBTOTAL of Disbursements This Page (optional) ▶

406.16

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (in Full)
OBAMA FOR ILLINOIS INC

Full Name (Last, First, Middle Initial)

A. Fifth Third Bank

Mailing Address 346 W Carol Ln

City Elmhurst State IL Zip Code 60126-1003

Purpose of Disbursement
Merchant Services Fees

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D8230

Date of Disbursement

N	M	D	Y	Y	Y
1	2	1	3	2	0
			04		

Amount of Each Disbursement this Period

14.70

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

Full Name (Last, First, Middle Initial)

B. Fifth Third Bank

Mailing Address 346 W Carol Ln

City Elmhurst State IL Zip Code 60126-1003

Purpose of Disbursement
Merchant Services Fees

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D8233

Date of Disbursement

N	M	D	Y	Y	Y
1	2	1	3	2	0
			04		

Amount of Each Disbursement this Period

256.25

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

Full Name (Last, First, Middle Initial)

C. Fifth Third Bank

Mailing Address 346 W Carol Ln

City Elmhurst State IL Zip Code 60126-1003

Purpose of Disbursement
Merchant Services Fees

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D8234

Date of Disbursement

N	M	D	Y	Y	Y
1	2	1	4	2	0
			04		

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) ▶

770.95

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)
OBAMA FOR ILLINOIS INC

Full Name (Last, First, Middle Initial) A. Fifth Third Bank		Transaction ID: DB27B Date of Disbursement 12 / 16 / 2004	
Mailing Address 346 W Carol Ln		Amount of Each Disbursement this Period 21.74	
City Elmhurst	State IL	Zip Code 60126-1003	☐ Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Merchant Services Fees		Category/ Type	
Candidate Name			
Office Sought:	House ☐ Senate ☐ President	Disbursement For: 2010 ☒ Primary ☐ General ☐ Other (specify) ▼	
State:	District:		
Full Name (Last, First, Middle Initial) B. Four Seasons Hotel		Transaction ID: DB20B Date of Disbursement 12 / 10 / 2004	
Mailing Address 2800 Pennsylvania Ave. NW		Amount of Each Disbursement this Period 9162.94	
City Washington	State DC	Zip Code 20007	☐ Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Room Rental		Category/ Type	
Candidate Name			
Office Sought:	House ☐ Senate ☐ President	Disbursement For: 2010 ☒ Primary ☐ General ☐ Other (specify) ▼	
State:	District:		
Full Name (Last, First, Middle Initial) C. Robert Gibbs		Transaction ID: DB174 Date of Disbursement 11 / 26 / 2004	
Mailing Address 3737 Keller Avenue		Amount of Each Disbursement this Period 6318.82	
City Alexandria	State VA	Zip Code 22302	☐ Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Pay		Category/ Type	
Candidate Name			
Office Sought:	House ☐ Senate ☐ President	Disbursement For: 2010 ☒ Primary ☐ General ☐ Other (specify) ▼	
State:	District:		

SUBTOTAL of Disbursements This Page (optional)

15503.50

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
OBAMA FOR ILLINOIS INCFull Name (Last, First, Middle Initial)
A. Goodship International Inc.

Mailing Address PO Box 66703

City State Zip Code
Chicago IL 60666Purpose of Disbursement
Shipping

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼Transaction ID: D8173
Date of Disbursement

11	23	2004
----	----	------

Amount of Each Disbursement this Period

527.24

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

Mailing Address 627 East Adams

City State Zip Code
Springfield IL 62701Purpose of Disbursement
Pay

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼Transaction ID: D8284
Date of Disbursement

12	16	2004
----	----	------

Amount of Each Disbursement this Period

700.40

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53Full Name (Last, First, Middle Initial)
C. Henry Crown and Company

Mailing Address 222 North LaSalle, Suite 2000

City State Zip Code
Chicago IL 60601Purpose of Disbursement
Air Travel

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼Transaction ID: D8160
Date of Disbursement

12	02	2004
----	----	------

Amount of Each Disbursement this Period

3207.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

4434.64

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:
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☒ 17	☐ 18	☐ 18a	☐ 18b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)
OBAMA FOR ILLINOIS INC

Full Name (Last, First, Middle Initial)

A. Hilton Springfield

Mailing Address 700 E Adams St

City
SpringfieldState
ILZip Code
62701-1645Purpose of Disbursement
Room Rental

Candidate Name

Category
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District

Transaction ID: D8265

Date of Disbursement

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	4

Amount of Each Disbursement this Period

781.05

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

Full Name (Last, First, Middle Initial)

B. Hinckley Springs

Mailing Address P.O. Box 1888

City
Bedford ParkState
ILZip Code
60499Purpose of Disbursement
Water

Candidate Name

Category
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District

Transaction ID: D8208

Date of Disbursement

M	M	D	D	Y	Y	Y	Y
1	2	1	0	2	0	0	4

Amount of Each Disbursement this Period

303.58

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

Full Name (Last, First, Middle Initial)

C. Hinckley Springs

Mailing Address P.O. Box 1888

City
Bedford ParkState
ILZip Code
60499Purpose of Disbursement
Water

Candidate Name

Category
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District

Transaction ID: D8286

Date of Disbursement

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	4

Amount of Each Disbursement this Period

92.13

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

SUBTOTAL of Disbursements This Page (optional) ▶

1176.76

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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NAME OF COMMITTEE (in Full)
OBAMA FOR ILLINOIS INC

Full Name (Last, First, Middle Initial)

A. House of James

Mailing Address 15867 S. Halsted

City
HarveyState
ILZip Code
60426

Purpose of Disbursement

Disposal of Furniture

Candidate Name

Category/
Type

Office Sought:

☐ House☐ Senate☐ President

Disbursement For:

2010

☒ Primary☐ General☐ Other (specify) ▼

State:

District:

Transaction ID: D8178

Date of Disbursement

M	M	D	D	Y	Y	Y	Y
1	1	3	0	2	0	0	4

Amount of Each Disbursement this Period

250.00

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

Full Name (Last, First, Middle Initial)

B. ICC Computers

Mailing Address 601 West Campus Drive

City

Arlington Heights

State
ILZip Code
60004

Purpose of Disbursement

Computer Rental

Candidate Name

Category/
Type

Office Sought:

☐ House☐ Senate☐ President

Disbursement For:

2010

☒ Primary☐ General☐ Other (specify) ▼

State:

District:

Transaction ID: D8209

Date of Disbursement

M	M	D	D	Y	Y	Y	Y
1	2	1	0	2	0	0	4

Amount of Each Disbursement this Period

1961.00

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

Full Name (Last, First, Middle Initial)

C. ICC Computers

Mailing Address 601 West Campus Drive

City

Arlington Heights

State
ILZip Code
60004

Purpose of Disbursement

Computer Rental

Candidate Name

Category/
Type

Office Sought:

☐ House☐ Senate☐ President

Disbursement For:

2010

☒ Primary☐ General☐ Other (specify) ▼

State:

District:

Transaction ID: D8245

Date of Disbursement

M	M	D	D	Y	Y	Y	Y
1	2	2	0	2	0	0	4

Amount of Each Disbursement this Period

883.50

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

SUBTOTAL of Disbursements This Page (optional)

3094.50

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 PageFOR LINE NUMBER:
(check only one)

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☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)
OBAMA FOR ILLINOIS INC

Full Name (Last, First, Middle Initial)

A. ICC Computers

Mailing Address 601 West Campus Drive

City
Arlington HeightsState
ILZip Code
60004Purpose of Disbursement
Computer Rental
Candidate NameCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D8267

Date of Disbursement

M	M	D	Y
1	2	3	1
		2	0
		0	4

Amount of Each Disbursement this Period

300.00

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

Full Name (Last, First, Middle Initial)

B. IWIL

Mailing Address PO Box 1149

City
SpringfieldState
ILZip Code
62705Purpose of Disbursement
Advertising
Candidate NameCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D8268

Date of Disbursement

M	M	D	Y
1	2	3	1
		2	0
		0	4

Amount of Each Disbursement this Period

500.00

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

Full Name (Last, First, Middle Initial)

C. Jordan Kaplan

Mailing Address 850 North State

City
ChicagoState
ILZip Code
60610Purpose of Disbursement
Pay
Candidate NameCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D8285

Date of Disbursement

M	M	D	Y
1	2	1	6
		2	0
		0	4

Amount of Each Disbursement this Period

1285.70

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

SUBTOTAL of Disbursements This Page (optional) ▶

2085.70

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
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(check only one)

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☒ 17 20a	☐ 18 20b	☐ 19a 20c	☐ 19b 21
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NAME OF COMMITTEE (In Full)
OBAMA FOR ILLINOIS INCFull Name (Last, First, Middle Initial)
A. David Katz

Mailing Address 2038 W Pierce Ave

City Chicago State IL Zip Code 60622-2138

Purpose of Disbursement
Pay

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D8286

Date of Disbursement

12 / 16 / 2004

Amount of Each Disbursement this Period

774.75

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

B. Scott T. Kennedy

Mailing Address 2347 West Haddon

City Chicago State IL Zip Code 60622

Purpose of Disbursement
Pay

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D8287

Date of Disbursement

12 / 16 / 2004

Amount of Each Disbursement this Period

1768.33

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

C. Kenya Brewaries

Mailing Address PO Box 30161

City State Zip Code

Purpose of Disbursement
Food and Drink

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D8184

Date of Disbursement

12 / 02 / 2004

Amount of Each Disbursement this Period

895.80

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

SUBTOTAL of Disbursements This Page (optional) ▶

3438.88

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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NAME OF COMMITTEE (in Full)
OBAMA FOR ILLINOIS INCA. Full Name (Last, First, Middle Initial)
Harry Kruglik

Mailing Address 901 S Plymouth Ct

City
ChicagoState
ILZip Code
60605-2059Purpose of Disbursement
Pay

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼Transaction ID: D8288
Date of Disbursement

12	16	2004
----	----	------

Amount of Each Disbursement this Period

700.40

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

B. Lewis Nexis

Mailing Address PO Box 2314

City
Carol StreamState
ILZip Code
60132Purpose of Disbursement
Research

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼Transaction ID: D8211
Date of Disbursement

12	10	2004
----	----	------

Amount of Each Disbursement this Period

318.00

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

C. Mailing Methods

Mailing Address 6850 Sterling Place

City
CaseyvilleState
ILZip Code
62232Purpose of Disbursement
Printing Costs

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼Transaction ID: D8212
Date of Disbursement

12	10	2004
----	----	------

Amount of Each Disbursement this Period

5159.37

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

SUBTOTAL of Disbursements This Page (optional) ▶

6177.77

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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NAME OF COMMITTEE (in Full)
OBAMA FOR ILLINOIS INC

Full Name (Last, First, Middle Initial)

A. NGP Software

Mailing Address 5505 Connecticut Ave NW

City Washington State DC Zip Code 20015

Purpose of Disbursement
Software

Candidate Name

Category/
TypeOffice Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2010 ☒ Primary ☐ General ☐ Other (specify) ▼

State: District:

Transaction ID: D8214

Date of Disbursement

12 / 10 / 2004

Amount of Each Disbursement this Period

675.00

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

Full Name (Last, First, Middle Initial)

B. Juliaigh Nowinski

Mailing Address 1122 W Diversey Pkwy

City Chicago State IL Zip Code 60614-1319

Purpose of Disbursement
Pay

Candidate Name

Category/
TypeOffice Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2010 ☒ Primary ☐ General ☐ Other (specify) ▼

State: District:

Transaction ID: D8289

Date of Disbursement

12 / 16 / 2004

Amount of Each Disbursement this Period

980.62

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

Full Name (Last, First, Middle Initial)

C. Kaleshia Page

Mailing Address 708 Dorchester Dr

City Bollingbrook State IL Zip Code 60440

Purpose of Disbursement
Pay

Candidate Name

Category/
TypeOffice Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2010 ☒ Primary ☐ General ☐ Other (specify) ▼

State: District:

Transaction ID: D8290

Date of Disbursement

12 / 16 / 2004

Amount of Each Disbursement this Period

1448.58

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

SUBTOTAL of Disbursements This Page (optional) ▶

3082.20

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 PageFOR LINE NUMBER:
(check only one)

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☒ 17 20a	☐ 18 20b	☐ 19a 20c	☐ 19b 21
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NAME OF COMMITTEE (In Full)
OBAMA FOR ILLINOIS INC

Full Name (Last, First, Middle Initial)

A. Park Plaza Dodge

Mailing Address 7911 West Roosevelt Rd

City Forest Park State IL Zip Code 60130

Purpose of Disbursement
Auto Maintenance

Candidate Name

Category/
TypeOffice Sought: ☐ House ☐ Senate ☐ President
State: District:Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D8217

Date of Disbursement

N	M	D	Y	Y	Y
1	2	1	0	2	0

Amount of Each Disbursement this Period

983.10

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

Full Name (Last, First, Middle Initial)

B. Paychex

Mailing Address 4300 Weaver Pkwy

City Warrenville State IL Zip Code 60555-3925

Purpose of Disbursement
Payroll Taxes

Candidate Name

Category/
TypeOffice Sought: ☐ House ☐ Senate ☐ President
State: District:Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D8175

Date of Disbursement

N	M	D	Y	Y	Y
1	1	2	6	2	0

Amount of Each Disbursement this Period

3907.36

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

Full Name (Last, First, Middle Initial)

C. Paychex

Mailing Address 4300 Weaver Pkwy

City Warrenville State IL Zip Code 60555-3925

Purpose of Disbursement
Payroll Expense

Candidate Name

Category/
TypeOffice Sought: ☐ House ☐ Senate ☐ President
State: District:Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D8192

Date of Disbursement

N	M	D	Y	Y	Y
1	2	1	0	2	0

Amount of Each Disbursement this Period

390.20

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

SUBTOTAL of Disbursements This Page (optional) ▶

5260.66

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

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 NAME OF COMMITTEE (in Full)
 OBAMA FOR ILLINOIS INC

Full Name (Last, First, Middle Initial)

A. Paychex

Mailing Address 4300 Weaver Pkwy

 City
 Warrenville

 State
 IL

 Zip Code
 60555-3925

Purpose of Disbursement

Payroll Taxes

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

2010

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: D8236

Date of Disbursement

12	16	2004
----	----	------

Amount of Each Disbursement this Period

12035.71

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

Full Name (Last, First, Middle Initial)

B. Perkins Coie

Mailing Address 1201 3rd Ave, 40th Fl

 City
 Seattle

 State
 WA

 Zip Code
 98101

Purpose of Disbursement

Attorney Fees

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

2010

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: D8219

Date of Disbursement

12	10	2004
----	----	------

Amount of Each Disbursement this Period

576.00

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

Full Name (Last, First, Middle Initial)

C. Petty Cash

Mailing Address 310 S. Michigan, Suite 1720

 City
 Chicago

 State
 IL

 Zip Code
 60604

Purpose of Disbursement

Petty Cash

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

2010

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: D8276

Date of Disbursement

12	01	2004
----	----	------

Amount of Each Disbursement this Period

402.00

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

SUBTOTAL of Disbursements This Page (optional)

13013.71

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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NAME OF COMMITTEE (in Full)
OBAMA FOR ILLINOIS INC

Full Name (Last, First, Middle Initial)

A. Petty Cash

Mailing Address 310 S. Michigan, Suite 1720

City
ChicagoState
ILZip Code
60604Purpose of Disbursement
Petty Cash

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D8279

Date of Disbursement

MM	DD	YY
12	28	2004

Amount of Each Disbursement this Period

402.00

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

Full Name (Last, First, Middle Initial)

B. Jeremiah Poseidel

Mailing Address 627 East Adams

City
SpringfieldState
ILZip Code
62701Purpose of Disbursement
Pay

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D8291

Date of Disbursement

MM	DD	YY
12	18	2004

Amount of Each Disbursement this Period

1768.33

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

Full Name (Last, First, Middle Initial)

C. Press Association Inc.

Mailing Address PO Box 19807

City
NewarkState
NJZip Code
07195Purpose of Disbursement
News Wire

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D8220

Date of Disbursement

MM	DD	YY
12	10	2004

Amount of Each Disbursement this Period

600.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

2770.33

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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NAME OF COMMITTEE (in Full)
OBAMA FOR ILLINOIS INC

Full Name (Last, First, Middle Initial)

A. Progress Printing Corp.

Mailing Address 3324 South Halsted

City
ChicagoState Zip Code
IL 60608Purpose of Disbursement
Printing Costs

Candidate Name

Category/
Type

Transaction ID: DB24B

Date of Disbursement

12 / 20 / 2004

Amount of Each Disbursement this Period

620.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Rush River Group

Mailing Address 4200 Dahlberg Dr, Suite 100

City
MinneapolisState Zip Code
MN 55492Purpose of Disbursement
Air Travel

Candidate Name

Category/
Type

Transaction ID: DB18B

Date of Disbursement

12 / 02 / 2004

Amount of Each Disbursement this Period

3551.38

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. SBC

Mailing Address N17 W24300 Riverwood Drive

City
WaukeshaState Zip Code
WI 53188Purpose of Disbursement
Telephone

Candidate Name

Category/
Type

Transaction ID: DB222

Date of Disbursement

12 / 10 / 2004

Amount of Each Disbursement this Period

200.63

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

4372.01

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

**SCHEDULE B (FEC Form 3)
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NAME OF COMMITTEE (In Full)

OBAMA FOR ILLINOIS INC

Full Name (Last, First, Middle Initial)

A. SBC

Mailing Address N17 W24300 Riverwood Drive

City

Waukesha

State

WI

Zip Code

53188

Purpose of Disbursement

Telephone

Candidate Name

Category/
Type

Office Sought:

☐ House☐ Senate☐ President

Disbursement For:

2010

☒ Primary☐ General☐ Other (specify) ▼

State:

District:

Transaction ID: D8251

Date of Disbursement

MM / DD / YYYY
12 / 20 / 2004

Amount of Each Disbursement this Period

1048.06

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

Full Name (Last, First, Middle Initial)

B. SBC

Mailing Address N17 W24300 Riverwood Drive

City

Waukesha

State

WI

Zip Code

53188

Purpose of Disbursement

Telephone

Candidate Name

Category/
Type

Office Sought:

☐ House☐ Senate☐ President

Disbursement For:

2010

☒ Primary☐ General☐ Other (specify) ▼

State:

District:

Transaction ID: D8271

Date of Disbursement

MM / DD / YYYY
12 / 31 / 2004

Amount of Each Disbursement this Period

710.98

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

Full Name (Last, First, Middle Initial)

C. Claire Sandiuk

Mailing Address 518 W 36th St

City

Chicago

State

IL

Zip Code

60608-1708

Purpose of Disbursement

Pay

Candidate Name

Category/
Type

Office Sought:

☐ House☐ Senate☐ President

Disbursement For:

2010

☒ Primary☐ General☐ Other (specify) ▼

State:

District:

Transaction ID: D8292

Date of Disbursement

MM / DD / YYYY
12 / 16 / 2004

Amount of Each Disbursement this Period

2024.38

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

SUBTOTAL of Disbursements This Page (optional)

3783.40

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
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NAME OF COMMITTEE (In Full)

OBAMA FOR ILLINOIS INC

Full Name (Last, First, Middle Initial)

A. Tarak Shah

Mailing Address 131 East Lincoln

City
Glendale HeightsState
ILZip Code
60139

Purpose of Disbursement

Pay

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

2010

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: DB293

Date of Disbursement

M	N	D	Y
12	16	2004	

Amount of Each Disbursement this Period

700.40

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.63

Full Name (Last, First, Middle Initial)

B. Mike Signator

Mailing Address 1600 Wildwood Ln

City
Hanover ParkState
ILZip Code
60133-6728

Purpose of Disbursement

Pay

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

2010

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: DB294

Date of Disbursement

M	N	D	Y
12	16	2004	

Amount of Each Disbursement this Period

1253.53

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.63

Full Name (Last, First, Middle Initial)

C. Rose Sprinkle

Mailing Address 9046 S. Troy

City
Evergreen ParkState
ILZip Code
60805

Purpose of Disbursement

Pay

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

2010

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: DB295

Date of Disbursement

M	N	D	Y
12	16	2004	

Amount of Each Disbursement this Period

700.40

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.63

SUBTOTAL of Disbursements This Page (optional)

2854.33

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
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NAME OF COMMITTEE (in Full)

OBAMA FOR ILLINOIS INC

Full Name (Last, First, Middle Initial)

A. Standard Club

Mailing Address 320 South Plymouth Court

City
ChicagoState
ILZip Code
60604

Purpose of Disbursement

Room Rental

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

2010

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: DB252

Date of Disbursement

12	20	2004
----	----	------

Amount of Each Disbursement this Period

2809.48

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.63

Full Name (Last, First, Middle Initial)

B. Stem Management

Mailing Address 123 S 7th St

City
SpringfieldState
ILZip Code
62701-1398

Purpose of Disbursement

Rent

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

2010

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: DB272

Date of Disbursement

12	31	2004
----	----	------

Amount of Each Disbursement this Period

500.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.63

Full Name (Last, First, Middle Initial)

C. Adam Stolorow

Mailing Address 857 N Marshfield Ave

City
ChicagoState
ILZip Code
60622-5132

Purpose of Disbursement

Pay

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

2010

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: DB296

Date of Disbursement

12	18	2004
----	----	------

Amount of Each Disbursement this Period

886.27

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.63

SUBTOTAL of Disbursements This Page (optional)

4295.73

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
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NAME OF COMMITTEE (In Full)
OBAMA FOR ILLINOIS INC

Full Name (Last, First, Middle Initial)

A. Storage USA

Mailing Address 707 West Harrison

City
ChicagoState
ILZip Code
60622Purpose of Disbursement
Storage

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President
State: DistrictDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D8223

Date of Disbursement

MM	DD	YYYY
12	10	2004

Amount of Each Disbursement this Period

1489.08

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

Full Name (Last, First, Middle Initial)

B. Storage USA

Mailing Address 707 West Harrison

City
ChicagoState
ILZip Code
60622Purpose of Disbursement
Storage

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President
State: DistrictDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D8273

Date of Disbursement

MM	DD	YYYY
12	31	2004

Amount of Each Disbursement this Period

73.99

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

Full Name (Last, First, Middle Initial)

C. Nate Tamarin

Mailing Address 850 West Newport

City
ChicagoState
ILZip Code
60657Purpose of Disbursement
Pay

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President
State: DistrictDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D8297

Date of Disbursement

MM	DD	YYYY
12	18	2004

Amount of Each Disbursement this Period

2239.08

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

SUBTOTAL of Disbursements This Page (optional) ▶

3802.15

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

**SCHEDULE B (FEC Form 3)
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NAME OF COMMITTEE (In Full)
OBAMA FOR ILLINOIS INCA. Full Name (Last, First, Middle Initial)
United Security

Mailing Address 1550 S. Indiana

City Chicago State IL Zip Code 60605

Purpose of Disbursement
Security

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D8253

Date of Disbursement

N	M	D	Y	Y	Y
1	2	2	0	0	4

Amount of Each Disbursement this Period

540.00

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

Mailing Address PO Box 7247-D224

City Philadelphia State PA Zip Code 19170

Purpose of Disbursement
Shipping

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D8224

Date of Disbursement

N	M	D	Y	Y	Y
1	2	1	0	0	4

Amount of Each Disbursement this Period

1208.34

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

Mailing Address PO Box 7247-D224

City Philadelphia State PA Zip Code 19170

Purpose of Disbursement
Shipping

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D8254

Date of Disbursement

N	M	D	Y	Y	Y
1	2	2	0	0	4

Amount of Each Disbursement this Period

407.08

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

SUBTOTAL of Disbursements This Page (optional) ▶

2155.42

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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NAME OF COMMITTEE (in Full)
OBAMA FOR ILLINOIS INC

Full Name (Last, First, Middle Initial)

A. UPS

Mailing Address PO Box 7247-0224

City Philadelphia State PA Zip Code 19170

Purpose of Disbursement

Shipping

Candidate Name

Category/
TypeOffice Sought: ☐ House ☐ Senate ☐ President
State: DistrictDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D8275

Date of Disbursement

12 / 31 / 2004

Amount of Each Disbursement this Period

304.80

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

Full Name (Last, First, Middle Initial)

B. USPS

Mailing Address 433 West Harrison

City Chicago State IL Zip Code 60680

Purpose of Disbursement

Postage

Candidate Name

Category/
TypeOffice Sought: ☐ House ☐ Senate ☐ President
State: DistrictDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D8225

Date of Disbursement

12 / 10 / 2004

Amount of Each Disbursement this Period

4434.88

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

Full Name (Last, First, Middle Initial)

C. Verizon Wireless

Mailing Address 209 S La Salle St

City Chicago State IL Zip Code 60604-1202

Purpose of Disbursement

Telephone

Candidate Name

Category/
TypeOffice Sought: ☐ House ☐ Senate ☐ President
State: DistrictDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D8227

Date of Disbursement

12 / 10 / 2004

Amount of Each Disbursement this Period

1087.11

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

SUBTOTAL of Disbursements This Page (optional)

5808.77

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 PageFOR LINE NUMBER:
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☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)
OBAMA FOR ILLINDIS INC

Full Name (Last, First, Middle Initial)

A. Verizon

Mailing Address PO Box 920041

City
DallasState Zip Code
TX 75392

Purpose of Disbursement

Telephone

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D8226

Date of Disbursement

MM / DD / YYYY
12 / 10 / 2004

Amount of Each Disbursement this Period

655.81

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

Full Name (Last, First, Middle Initial)

B. Tommy Vletor

Mailing Address 53 Scarlet Street

City
DedhamState Zip Code
MA 01233

Purpose of Disbursement

Pay

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D8298

Date of Disbursement

MM / DD / YYYY
12 / 16 / 2004

Amount of Each Disbursement this Period

960.82

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

Full Name (Last, First, Middle Initial)

C. Wireless Information Technology

Mailing Address 12560 S Holiday Dr
Unit ACity
AlsipState Zip Code
IL 60803-3234

Purpose of Disbursement

Telephone Equipment

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D8228

Date of Disbursement

MM / DD / YYYY
12 / 10 / 2004

Amount of Each Disbursement this Period

552.75

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

SUBTOTAL of Disbursements This Page (optional) ▶

2158.98

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:
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NAME OF COMMITTEE (in Full)

OBAMA FOR ILLINOIS INC

Full Name (Last, First, Middle Initial)

A. Wireless Information TechnologyMailing Address 12560 S Holiday Dr
Unit ACity
AlsipState
ILZip Code
60803-3234

Purpose of Disbursement

Telephone Equipment

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

2010

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District

Transaction ID: D8255

Date of Disbursement

Month	Day	Year
12	20	2004

Amount of Each Disbursement this Period

972.75

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

Full Name (Last, First, Middle Initial)

B. Jenny Yeager

Mailing Address 850 North State

City
ChicagoState
ILZip Code
60610

Purpose of Disbursement

Pay

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

2010

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District

Transaction ID: D8289

Date of Disbursement

Month	Day	Year
12	16	2004

Amount of Each Disbursement this Period

1285.70

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

Full Name (Last, First, Middle Initial)

C. Amoco Oil

Mailing Address 3047 S Halsted St

City
ChicagoState
ILZip Code
60608-5804

Purpose of Disbursement

Gas

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

2010

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District

Transaction ID: D8367

Date of Disbursement

Month	Day	Year
11	23	2004

Amount of Each Disbursement this Period

45.34

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

(MEMO ITEM)

SUBTOTAL of Disbursements This Page (optional) ▶

2258.45

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)
OBAMA FOR ILLINOIS INC

A. Amoco Oil Full Name (Last, First, Middle Initial) Mailing Address 3047 S Halsted St City Chicago State IL Zip Code 60608-5804 Purpose of Disbursement Gas Candidate Name Office Sought: ☐ House ☐ Senate ☐ President Disbursement For: 2010 ☒ Primary ☐ General ☐ Other (specify) ▼ State: District:		Transaction ID: D8334 Date of Disbursement 11 / 23 / 2004 Amount of Each Disbursement this Period 52.82 ☐ Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B. Amoco Oil Full Name (Last, First, Middle Initial) Mailing Address 3047 S Halsted St City Chicago State IL Zip Code 60608-5804 Purpose of Disbursement Gas Candidate Name Office Sought: ☐ House ☐ Senate ☐ President Disbursement For: 2010 ☒ Primary ☐ General ☐ Other (specify) ▼ State: District:		Transaction ID: D8363 Date of Disbursement 11 / 23 / 2004 Amount of Each Disbursement this Period 40.00 ☐ Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C. Amoco Oil Full Name (Last, First, Middle Initial) Mailing Address 3047 S Halsted St City Chicago State IL Zip Code 60608-5804 Purpose of Disbursement Gas Candidate Name Office Sought: ☐ House ☐ Senate ☐ President Disbursement For: 2010 ☒ Primary ☐ General ☐ Other (specify) ▼ State: District:		Transaction ID: D8301 Date of Disbursement 11 / 23 / 2004 Amount of Each Disbursement this Period 50.62 ☐ 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)
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NAME OF COMMITTEE (In Full)
OBAMA FOR ILLINOIS INC

Full Name (Last, First, Middle Initial)

A. Amoco Oil

Mailing Address 3047 S Halsted St

City Chicago State IL Zip Code 60608-5804

Purpose of Disbursement

Gas

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D8306

Date of Disbursement

11 / 23 / 2004

Amount of Each Disbursement this Period

43.41

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Amoco Oil

Mailing Address 3047 S Halsted St

City Chicago State IL Zip Code 60608-5804

Purpose of Disbursement

Gas

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D8308

Date of Disbursement

11 / 23 / 2004

Amount of Each Disbursement this Period

32.14

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Amoco Oil

Mailing Address 3047 S Halsted St

City Chicago State IL Zip Code 60608-5804

Purpose of Disbursement

Gas

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D8311

Date of Disbursement

11 / 23 / 2004

Amount of Each Disbursement this Period

11.78

☐ 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) ▶

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ITEMIZED DISBURSEMENTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)
OBAMA FOR ILLINOIS INC

Full Name (Last, First, Middle Initial)

A. Amoco Oil

Mailing Address 3047 S Halsted St

City
ChicagoState
ILZip Code
60608-5804Purpose of Disbursement
Gas

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D8323

Date of Disbursement

MM	DD	YY
11	23	2004

Amount of Each Disbursement this Period

36.39

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

Full Name (Last, First, Middle Initial)

B. Amoco Oil

Mailing Address 3047 S Halsted St

City
ChicagoState
ILZip Code
60608-5804Purpose of Disbursement
Gas

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D8388

Date of Disbursement

MM	DD	YY
11	23	2004

Amount of Each Disbursement this Period

46.46

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

Full Name (Last, First, Middle Initial)

C. Amoco Oil

Mailing Address 3047 S Halsted St

City
ChicagoState
ILZip Code
60608-5804Purpose of Disbursement
Gas

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D8331

Date of Disbursement

MM	DD	YY
11	23	2004

Amount of Each Disbursement this Period

52.69

☐ 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)
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NAME OF COMMITTEE (in Full)

OBAMA FOR ILLINDIS INC

Full Name (Last, First, Middle Initial)

A. Amoco Oil

Mailing Address 3047 S Halsted St

City
ChicagoState
ILZip Code
60608-5804

Purpose of Disbursement

Gas

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

2010

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: D8350

Date of Disbursement

MM	DD	YY
11	23	2004

Amount of Each Disbursement this Period

46.77

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Amoco Oil

Mailing Address 3047 S Halsted St

City
ChicagoState
ILZip Code
60608-5804

Purpose of Disbursement

Gas

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

2010

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: D8335

Date of Disbursement

MM	DD	YY
11	23	2004

Amount of Each Disbursement this Period

12.15

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Amoco Oil

Mailing Address 3047 S Halsted St

City
ChicagoState
ILZip Code
60608-5804

Purpose of Disbursement

Gas

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

2010

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: D8338

Date of Disbursement

MM	DD	YY
11	23	2004

Amount of Each Disbursement this Period

19.89

☐ 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)
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NAME OF COMMITTEE (In Full)
OBAMA FOR ILLINOIS INC

Full Name (Last, First, Middle Initial)

A. Amoco Oil

Mailing Address 3047 S Halsted St

City
ChicagoState
ILZip Code
60608-5804

Purpose of Disbursement

Gas

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

2010

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. Amoco Oil

Mailing Address 3047 S Halsted St

City
ChicagoState
ILZip Code
60608-5804

Purpose of Disbursement

Gas

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

2010

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. Amoco Oil

Mailing Address 3047 S Halsted St

City
ChicagoState
ILZip Code
60608-5804

Purpose of Disbursement

Gas

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

2010

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: DB340

Date of Disbursement

M	M	D	Y
11	23	2004	

Amount of Each Disbursement this Period

8.46

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

[MEMO ITEM]

Transaction ID: DB342

Date of Disbursement

M	M	D	Y
11	23	2004	

Amount of Each Disbursement this Period

44.48

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

[MEMO ITEM]

Transaction ID: DB355

Date of Disbursement

M	M	D	Y
11	23	2004	

Amount of Each Disbursement this Period

27.91

☐ 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)
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NAME OF COMMITTEE (in Full)
OBAMA FOR ILLINOIS INC

A. Full Name (Last, First, Middle Initial) Amoco Oil		Transaction ID: D8330 Date of Disbursement MM / DD / YYYY 11 / 23 / 2004	
Mailing Address 3047 S Halsted St			
City Chicago State IL Zip Code 60608-5804			
Purpose of Disbursement Gas	Amount of Each Disbursement this Period 27.61		
Candidate Name	Category/Type		
Office Sought: ☐ House ☐ Senate ☐ President State: District:	Disbursement For: 2010 ☒ Primary ☐ General ☐ Other (specify) ▼		
B. Full Name (Last, First, Middle Initial) Amoco Oil		Transaction ID: D8374 Date of Disbursement MM / DD / YYYY 11 / 25 / 2004	
Mailing Address 3047 S Halsted St			
City Chicago State IL Zip Code 60608-5804			
Purpose of Disbursement Gas	Amount of Each Disbursement this Period 41.28		
Candidate Name	Category/Type		
Office Sought: ☐ House ☐ Senate ☐ President State: District:	Disbursement For: 2010 ☒ Primary ☐ General ☐ Other (specify) ▼		
C. Full Name (Last, First, Middle Initial) Amoco Oil		Transaction ID: D8378 Date of Disbursement MM / DD / YYYY 11 / 29 / 2004	
Mailing Address 3047 S Halsted St			
City Chicago State IL Zip Code 60608-5804			
Purpose of Disbursement Gas	Amount of Each Disbursement this Period 30.01		
Candidate Name	Category/Type		
Office Sought: ☐ House ☐ Senate ☐ President State: District:	Disbursement For: 2010 ☒ Primary ☐ General ☐ Other (specify) ▼		
SUBTOTAL of Disbursements This Page (optional)		0.00	
TOTAL This Period (last page this line number only)			

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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NAME OF COMMITTEE (in Full)

OBAMA FOR ILLINOIS INC

Full Name (Last, First, Middle Initial)

A. Amoco Oil

Mailing Address 3047 S Halsted St

City
ChicagoState Zip Code
IL 60608-5804

Purpose of Disbursement

Gas

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D8379

Date of Disbursement

11	30	2004
----	----	------

Amount of Each Disbursement this Period

13.18

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

Full Name (Last, First, Middle Initial)

B. Amoco Oil

Mailing Address 3047 S Halsted St

City
ChicagoState Zip Code
IL 60608-5804

Purpose of Disbursement

Gas

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D8380

Date of Disbursement

11	30	2004
----	----	------

Amount of Each Disbursement this Period

30.03

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

Full Name (Last, First, Middle Initial)

C. Amoco Oil

Mailing Address 3047 S Halsted St

City
ChicagoState Zip Code
IL 60608-5804

Purpose of Disbursement

Gas

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D8381

Date of Disbursement

12	01	2004
----	----	------

Amount of Each Disbursement this Period

20.17

☐ 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)

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NAME OF COMMITTEE (In Full)
OBAMA FOR ILLINOIS INC

Full Name (Last, First, Middle Initial)

A. Amoco Oil

Mailing Address 3047 S Halsted St

City
ChicagoState
ILZip Code
60608-5804Purpose of Disbursement
Gas

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D8406

Date of Disbursement

12	02	2004
----	----	------

Amount of Each Disbursement this Period

27.00

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Amoco Oil

Mailing Address 3047 S Halsted St

City
ChicagoState
ILZip Code
60608-5804Purpose of Disbursement
Gas

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D8407

Date of Disbursement

12	02	2004
----	----	------

Amount of Each Disbursement this Period

45.00

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Amoco Oil

Mailing Address 3047 S Halsted St

City
ChicagoState
ILZip Code
60608-5804Purpose of Disbursement
Gas

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D8384

Date of Disbursement

12	03	2004
----	----	------

Amount of Each Disbursement this Period

35.48

☐ 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)
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NAME OF COMMITTEE (in Full)
OBAMA FOR ILLINOIS INC

Full Name (Last, First, Middle Initial)

A. Amoco Oil

Mailing Address 3047 S Halsted St

City Chicago State IL Zip Code 60608-5804

Purpose of Disbursement

Gas

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D8383

Date of Disbursement

M	M	D	Y	Y	Y	Y
1	2	0	3	2	0	4

Amount of Each Disbursement this Period

41.02

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Amoco Oil

Mailing Address 3047 S Halsted St

City Chicago State IL Zip Code 60608-5804

Purpose of Disbursement

Gas

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D8387

Date of Disbursement

M	M	D	Y	Y	Y	Y
1	2	0	6	2	0	4

Amount of Each Disbursement this Period

23.23

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Amoco Oil

Mailing Address 3047 S Halsted St

City Chicago State IL Zip Code 60608-5804

Purpose of Disbursement

Gas

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D8419

Date of Disbursement

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

Amount of Each Disbursement this Period

13.23

☐ 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)
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NAME OF COMMITTEE (In Full)

OBAMA FOR ILLINOIS INC

Full Name (Last, First, Middle Initial)

A. Amoco Oil

Mailing Address 3047 S Halsted St

City
ChicagoState
ILZip Code
60608-5804

Purpose of Disbursement

Gas

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D8435

Date of Disbursement

MM / DD / YYYY
12 / 10 / 2004

Amount of Each Disbursement this Period

9.23

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Amoco Oil

Mailing Address 3047 S Halsted St

City
ChicagoState
ILZip Code
60608-5804

Purpose of Disbursement

Gas

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D8393

Date of Disbursement

MM / DD / YYYY
12 / 16 / 2004

Amount of Each Disbursement this Period

46.66

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Amoco Oil

Mailing Address 3047 S Halsted St

City
ChicagoState
ILZip Code
60608-5804

Purpose of Disbursement

Gas

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D8396

Date of Disbursement

MM / DD / YYYY
12 / 20 / 2004

Amount of Each Disbursement this Period

44.00

☐ 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)
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NAME OF COMMITTEE (In Full)
OBAMA FOR ILLINOIS INC

Full Name (Last, First, Middle Initial)

A. ATA

Mailing Address 7337 W Washington St
Bldg 1

City Indianapolis State IN Zip Code 46231-1328

Purpose of Disbursement

Air Travel

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D8416

Date of Disbursement

12 / 07 / 2004

Amount of Each Disbursement this Period

408.40

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

[MEMO ITEM]

B. ATA

Mailing Address 7337 W Washington St
Bldg 1

City Indianapolis State IN Zip Code 46231-1328

Purpose of Disbursement

Air Travel

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D8427

Date of Disbursement

12 / 20 / 2004

Amount of Each Disbursement this Period

245.70

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

[MEMO ITEM]

C. Butterfield 9

Mailing Address 600 14th St. NW

City Washington State DC Zip Code 20005

Purpose of Disbursement

Room Rental

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D8392

Date of Disbursement

12 / 16 / 2004

Amount of Each Disbursement this Period

625.00

☐ 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)

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NAME OF COMMITTEE (In Full)
OBAMA FOR ILLINOIS INCA. Full Name (Last, First, Middle Initial)
Capitol Hilton

Mailing Address 1001 18th Street

City Washington State DC Zip Code 20036

Purpose of Disbursement
Room Rental

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D6386

Date of Disbursement

M	M	D	Y
12	06	2004	

Amount of Each Disbursement this Period

467.17

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

Mailing Address 5605 North Milwaukee Ave, Apt 1N

City Chicago State IL Zip Code 60646

Purpose of Disbursement
Mileage

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D6403

Date of Disbursement

M	M	D	Y
11	30	2004	

Amount of Each Disbursement this Period

67.16

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

Mailing Address 5605 North Milwaukee Ave, Apt 1N

City Chicago State IL Zip Code 60646

Purpose of Disbursement
Mileage

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D6420

Date of Disbursement

M	M	D	Y
12	09	2004	

Amount of Each Disbursement this Period

45.99

☐ 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)

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NAME OF COMMITTEE (in Full)
OBAMA FOR ILLINDIS INC

Full Name (Last, First, Middle Initial)

A. Checker Taxi

Mailing Address 845 West Washington Boulevard

City Chicago State IL Zip Code 60607

Purpose of Disbursement

Cab

Candidate Name

Category
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D8456

Date of Disbursement

12 / 06 / 2004

Amount of Each Disbursement this Period

5.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.63**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

B. Checker Taxi

Mailing Address 845 West Washington Boulevard

City Chicago State IL Zip Code 60607

Purpose of Disbursement

Cab

Candidate Name

Category
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D8455

Date of Disbursement

12 / 06 / 2004

Amount of Each Disbursement this Period

10.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.63**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

C. Checker Taxi

Mailing Address 845 West Washington Boulevard

City Chicago State IL Zip Code 60607

Purpose of Disbursement

Cab

Candidate Name

Category
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D8457

Date of Disbursement

12 / 06 / 2004

Amount of Each Disbursement this Period

5.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.63**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3)
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NAME OF COMMITTEE (In Full)
OBAMA FOR ILLINOIS INC

Full Name (Last, First, Middle Initial)

A. Checker Taxi

Mailing Address 845 West Washington Boulevard

City Chicago State IL Zip Code 60607

Purpose of Disbursement
Cab

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: DB476

Date of Disbursement

12 / 06 / 2004

Amount of Each Disbursement this Period

10.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]****B. Checker Taxi**

Mailing Address 845 West Washington Boulevard

City Chicago State IL Zip Code 60607

Purpose of Disbursement
Cab

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: DB459

Date of Disbursement

12 / 06 / 2004

Amount of Each Disbursement this Period

8.00

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

Mailing Address 845 West Washington Boulevard

City Chicago State IL Zip Code 60607

Purpose of Disbursement
Cab

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: DB480

Date of Disbursement

12 / 06 / 2004

Amount of Each Disbursement this Period

5.00

☐ 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) ▶

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NAME OF COMMITTEE (in Full)

OBAMA FOR ILLINOIS INC

Full Name (Last, First, Middle Initial)

A. Checker Taxl

Mailing Address 845 West Washington Boulevard

City
ChicagoState
ILZip Code
60607Purpose of Disbursement
Cab

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Transaction ID: D8461

Date of Disbursement

12	06	2004
----	----	------

Amount of Each Disbursement this Period

7.00

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Checker Taxl

Mailing Address 845 West Washington Boulevard

City
ChicagoState
ILZip Code
60607Purpose of Disbursement
Cab

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Transaction ID: D8462

Date of Disbursement

12	06	2004
----	----	------

Amount of Each Disbursement this Period

8.00

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Checker Taxl

Mailing Address 845 West Washington Boulevard

City
ChicagoState
ILZip Code
60607Purpose of Disbursement
Cab

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Transaction ID: D8468

Date of Disbursement

12	06	2004
----	----	------

Amount of Each Disbursement this Period

8.00

☐ 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)
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NAME OF COMMITTEE (In Full)
OBAMA FOR ILLINOIS INC

Full Name (Last, First, Middle Initial)

A. Checker Taxi

Mailing Address 845 West Washington Boulevard

City
ChicagoState
ILZip Code
60607Purpose of Disbursement
Cab

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D8474

Date of Disbursement

N	M	D	D	Y	Y	Y	Y
1	2	0	6	2	0	0	4

Amount of Each Disbursement this Period

8.00

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Checker Taxi

Mailing Address 845 West Washington Boulevard

City
ChicagoState
ILZip Code
60607Purpose of Disbursement
Cab

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D8452

Date of Disbursement

N	M	D	D	Y	Y	Y	Y
1	2	0	6	2	0	0	4

Amount of Each Disbursement this Period

8.00

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Checker Taxi

Mailing Address 845 West Washington Boulevard

City
ChicagoState
ILZip Code
60607Purpose of Disbursement
Cab

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D8475

Date of Disbursement

N	M	D	D	Y	Y	Y	Y
1	2	0	6	2	0	0	4

Amount of Each Disbursement this Period

6.00

☐ 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) ▶

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NAME OF COMMITTEE (In Full)
OBAMA FOR ILLINOIS INC

Full Name (Last, First, Middle Initial)

A. Checker Taxi

Mailing Address 845 West Washington Boulevard

City State Zip Code
Chicago IL 60607Purpose of Disbursement
Cab

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Transaction ID: D8464

Date of Disbursement

12	06	2004
----	----	------

Amount of Each Disbursement this Period

14.00

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

[MEMO ITEM]

B. Checker Taxi

Mailing Address 845 West Washington Boulevard

City State Zip Code
Chicago IL 60607Purpose of Disbursement
Cab

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Transaction ID: D8473

Date of Disbursement

12	06	2004
----	----	------

Amount of Each Disbursement this Period

9.00

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

[MEMO ITEM]

C. Checker Taxi

Mailing Address 845 West Washington Boulevard

City State Zip Code
Chicago IL 60607Purpose of Disbursement
Cab

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Transaction ID: D8472

Date of Disbursement

12	06	2004
----	----	------

Amount of Each Disbursement this Period

5.00

☐ 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)
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☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)
OBAMA FOR ILLINOIS INC

Full Name (Last, First, Middle Initial)

A. Checker Taxi

Mailing Address 845 West Washington Boulevard

City Chicago State IL Zip Code 60607

Purpose of Disbursement
Cab

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: DB471

Date of Disbursement

M	M	D	D	Y	Y	Y	Y
1	2	0	6	2	0	0	4

Amount of Each Disbursement this Period

4.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.63**(MEMO ITEM)**

Full Name (Last, First, Middle Initial)

B. Checker Taxi

Mailing Address 845 West Washington Boulevard

City Chicago State IL Zip Code 60607

Purpose of Disbursement
Cab

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: DB470

Date of Disbursement

M	M	D	D	Y	Y	Y	Y
1	2	0	6	2	0	0	4

Amount of Each Disbursement this Period

7.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.63**(MEMO ITEM)**

Full Name (Last, First, Middle Initial)

C. Checker Taxi

Mailing Address 845 West Washington Boulevard

City Chicago State IL Zip Code 60607

Purpose of Disbursement
Cab

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: DB469

Date of Disbursement

M	M	D	D	Y	Y	Y	Y
1	2	0	6	2	0	0	4

Amount of Each Disbursement this Period

9.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.63**(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)
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NAME OF COMMITTEE (in Full)
OBAMA FOR ILLINOIS INCA. Full Name (Last, First, Middle Initial)
Checker Taxi

Mailing Address 845 West Washington Boulevard

City Chicago State IL Zip Code 60607

Purpose of Disbursement
Cab

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D8463

Date of Disbursement

M	M	D	D	Y	Y	Y	Y
1	2	0	6	2	0	0	4

Amount of Each Disbursement this Period

11.00

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

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Checker Taxi

Mailing Address 845 West Washington Boulevard

City Chicago State IL Zip Code 60607

Purpose of Disbursement
Cab

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D8458

Date of Disbursement

M	M	D	D	Y	Y	Y	Y
1	2	0	6	2	0	0	4

Amount of Each Disbursement this Period

10.00

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

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Checker Taxi

Mailing Address 845 West Washington Boulevard

City Chicago State IL Zip Code 60607

Purpose of Disbursement
Cab

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D8451

Date of Disbursement

M	M	D	D	Y	Y	Y	Y
1	2	0	6	2	0	0	4

Amount of Each Disbursement this Period

10.00

☐ 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)
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NAME OF COMMITTEE (In Full)
OBAMA FOR ILLINOIS INC

Full Name (Last, First, Middle Initial)

A. Checker Taxi

Mailing Address 845 West Washington Boulevard

City
ChicagoState Zip Code
IL 60607Purpose of Disbursement
Cab

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D8467

Date of Disbursement

12 / 06 / 2004

Amount of Each Disbursement this Period

10.00

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Checker Taxi

Mailing Address 845 West Washington Boulevard

City
ChicagoState Zip Code
IL 60607Purpose of Disbursement
Cab

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D8468

Date of Disbursement

12 / 06 / 2004

Amount of Each Disbursement this Period

9.00

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Checker Taxi

Mailing Address 845 West Washington Boulevard

City
ChicagoState Zip Code
IL 60607Purpose of Disbursement
Cab

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D8465

Date of Disbursement

12 / 06 / 2004

Amount of Each Disbursement this Period

9.00

☐ 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 PageFOR LINE NUMBER:
(check only one)

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20a	20b	20c	21

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NAME OF COMMITTEE (In Full)
OBAMA FOR ILLINOIS INC

A. Checker Taxi Full Name (Last, First, Middle Initial) Mailing Address 845 West Washington Boulevard City Chicago State IL Zip Code 60607 Purpose of Disbursement Cab Candidate Name Office Sought: ☐ House ☐ Senate ☐ President State: District: Disbursement For: 2010 ☒ Primary ☐ General ☐ Other (specify) ▼ Category/Type		Transaction ID: D8453 Date of Disbursement 12 / 06 / 2004 Amount of Each Disbursement this Period 8.00 ☐ Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B. Checker Taxi Full Name (Last, First, Middle Initial) Mailing Address 845 West Washington Boulevard City Chicago State IL Zip Code 60607 Purpose of Disbursement Cab Candidate Name Office Sought: ☐ House ☐ Senate ☐ President State: District: Disbursement For: 2010 ☒ Primary ☐ General ☐ Other (specify) ▼ Category/Type		Transaction ID: D8454 Date of Disbursement 12 / 06 / 2004 Amount of Each Disbursement this Period 8.00 ☐ Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C. Checker Taxi Full Name (Last, First, Middle Initial) Mailing Address 845 West Washington Boulevard City Chicago State IL Zip Code 60607 Purpose of Disbursement Cab Candidate Name Office Sought: ☐ House ☐ Senate ☐ President State: District: Disbursement For: 2010 ☒ Primary ☐ General ☐ Other (specify) ▼ Category/Type		Transaction ID: D8445 Date of Disbursement 12 / 10 / 2004 Amount of Each Disbursement this Period 25.70 ☐ 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)		

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NAME OF COMMITTEE (In Full)
OBAMA FOR ILLINOIS INCA. Full Name (Last, First, Middle Initial)
Checker Taxi

Mailing Address 845 West Washington Boulevard

City Chicago State IL Zip Code 60607

Purpose of Disbursement
Cab

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D8443
Date of Disbursement

12	10	2004
----	----	------

Amount of Each Disbursement this Period

9.00

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

(MEMO ITEM)

B. Full Name (Last, First, Middle Initial)
Checker Taxi

Mailing Address 845 West Washington Boulevard

City Chicago State IL Zip Code 60607

Purpose of Disbursement
Cab

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D8446
Date of Disbursement

12	10	2004
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Amount of Each Disbursement this Period

40.00

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

(MEMO ITEM)

C. Full Name (Last, First, Middle Initial)
Checker Taxi

Mailing Address 845 West Washington Boulevard

City Chicago State IL Zip Code 60607

Purpose of Disbursement
Cab

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D8441
Date of Disbursement

12	10	2004
----	----	------

Amount of Each Disbursement this Period

25.00

☐ 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) ▶

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ITEMIZED DISBURSEMENTSUse separate schedule(s)
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NAME OF COMMITTEE (in Full)
OBAMA FOR ILLINOIS INC

Full Name (Last, First, Middle Initial)

A. Checker Tax

Mailing Address 845 West Washington Boulevard

City
ChicagoState
ILZip Code
60607Purpose of Disbursement
Cab

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D8440

Date of Disbursement

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

Amount of Each Disbursement this Period

36.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**(MEMO ITEM)****B. Checker Tax**

Mailing Address 845 West Washington Boulevard

City
ChicagoState
ILZip Code
60607Purpose of Disbursement
Cab

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D8439

Date of Disbursement

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

Amount of Each Disbursement this Period

39.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**(MEMO ITEM)****C. Checker Tax**

Mailing Address 845 West Washington Boulevard

City
ChicagoState
ILZip Code
60607Purpose of Disbursement
Cab

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D8436

Date of Disbursement

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

Amount of Each Disbursement this Period

25.00

☐ 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)
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☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (in Full)
OBAMA FOR ILLINOIS INC

Full Name (Last, First, Middle Initial)

A. Checker Taxi

Mailing Address 845 West Washington Boulevard

City Chicago State IL Zip Code 60607

Purpose of Disbursement
Cab

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: DB434

Date of Disbursement

M	M	D	D	Y	Y
1	2	1	0	2	0
				04	

Amount of Each Disbursement this Period

26.00

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

Full Name (Last, First, Middle Initial)

B. Checker Taxi

Mailing Address 845 West Washington Boulevard

City Chicago State IL Zip Code 60607

Purpose of Disbursement
Cab

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: DB444

Date of Disbursement

M	M	D	D	Y	Y
1	2	1	0	2	0
				04	

Amount of Each Disbursement this Period

7.30

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

Full Name (Last, First, Middle Initial)

C. Checker Taxi

Mailing Address 845 West Washington Boulevard

City Chicago State IL Zip Code 60607

Purpose of Disbursement
Cab

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: DB442

Date of Disbursement

M	M	D	D	Y	Y
1	2	1	0	2	0
				04	

Amount of Each Disbursement this Period

10.10

☐ 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)
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NAME OF COMMITTEE (In Full)
OBAMA FOR ILLINOIS INC

Full Name (Last, First, Middle Initial)

A. Checker Taxi

Mailing Address 845 West Washington Boulevard

City
ChicagoState
ILZip Code
60607Purpose of Disbursement
Cab

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D8437

Date of Disbursement

N	M	D	Y
12	10	2004	

Amount of Each Disbursement this Period

30.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]****B. Checker Taxi**

Mailing Address 845 West Washington Boulevard

City
ChicagoState
ILZip Code
60607Purpose of Disbursement
Cab

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D8428

Date of Disbursement

N	M	D	Y
12	20	2004	

Amount of Each Disbursement this Period

25.00

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

Mailing Address PO Box 8428

City
Carol StreamState
ILZip Code
60197Purpose of Disbursement
Telephone

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D8398

Date of Disbursement

N	M	D	Y
11	29	2004	

Amount of Each Disbursement this Period

184.13

☐ 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
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20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

OBAMA FOR ILLINOIS INC

Full Name (Last, First, Middle Initial)

A. Cingular Wireless

Mailing Address PO Box 6428

City
Carol Stream

State
IL Zip Code
60197

Purpose of Disbursement

Telephone

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D8431

Date of Disbursement

12 31 2004

Amount of Each Disbursement this Period

100.00

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

(MEMO ITEM)

Full Name (Last, First, Middle Initial)

B. Cingular Wireless

Mailing Address PO Box 6428

City
Carol Stream

State
IL Zip Code
60197

Purpose of Disbursement

Telephone

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D8432

Date of Disbursement

12 31 2004

Amount of Each Disbursement this Period

138.62

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

(MEMO ITEM)

Full Name (Last, First, Middle Initial)

C. Creative Travel

Mailing Address 530 Duane Street

City
Glen Ellyn

State
IL Zip Code
60137

Purpose of Disbursement

Air Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D8429

Date of Disbursement

12 20 2004

Amount of Each Disbursement this Period

815.60

☐ 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)
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NAME OF COMMITTEE (In Full)
OBAMA FOR ILLINOIS INC

Full Name (Last, First, Middle Initial)

A. Laderius Curtis

Mailing Address 721 E State St

City State Zip Code
Rockford IL 61104-1032

Purpose of Disbursement

Mileage

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D8401

Date of Disbursement

N	M	D	Y
1	1	26	2004

Amount of Each Disbursement this Period

200.00

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Ladarius Curtis

Mailing Address 721 E State St

City State Zip Code
Rockford IL 61104-1032

Purpose of Disbursement

Mileage

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D8415

Date of Disbursement

N	M	D	Y
1	2	07	2004

Amount of Each Disbursement this Period

200.00

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Fifth Third Bank

Mailing Address 346 W Carol Ln

City State Zip Code
Elmhurst IL 60126-1003

Purpose of Disbursement

Finance Charge

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D8351

Date of Disbursement

N	M	D	Y
1	1	23	2004

Amount of Each Disbursement this Period

29.00

☐ 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
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NAME OF COMMITTEE (In Full)
OBAMA FOR ILLINOIS INC

Full Name (Last, First, Middle Initial)

A. Fifth Third Bank

Mailing Address 346 W Carol Ln

City Elmhurst State IL Zip Code 60126-1003

Purpose of Disbursement

Finance Charge

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Transaction ID: DB373

Date of Disbursement

MM	DD	YYYY
11	23	2004

Amount of Each Disbursement this Period

35.00

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

Full Name (Last, First, Middle Initial)

B. Fifth Third Bank

Mailing Address 346 W Carol Ln

City Elmhurst State IL Zip Code 60126-1003

Purpose of Disbursement

Finance Charges

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Transaction ID: DB377

Date of Disbursement

MM	DD	YYYY
11	29	2004

Amount of Each Disbursement this Period

482.09

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

Full Name (Last, First, Middle Initial)

C. Garrett Ripley's

Mailing Address 712 N Clark St

City Chicago State IL Zip Code 60610-3502

Purpose of Disbursement

Food/Drink

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Transaction ID: DB327

Date of Disbursement

MM	DD	YYYY
11	23	2004

Amount of Each Disbursement this Period

38.25

☐ 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 PageFOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)
OBAMA FOR ILLINOIS INC

Full Name (Last, First, Middle Initial)

A. Garrett Ripley's

Mailing Address 712 N Clark St

City Chicago State IL Zip Code 60610-3502

Purpose of Disbursement

Food/Drink

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: DB329

Date of Disbursement

M	M	D	D	Y	Y
1	1	2	3	2	0
				0	4

Amount of Each Disbursement this Period

2560.43

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Garrett Ripley's

Mailing Address 712 N Clark St

City Chicago State IL Zip Code 60610-3502

Purpose of Disbursement

Food/Drink

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: DB310

Date of Disbursement

M	M	D	D	Y	Y
1	1	2	3	2	0
				0	4

Amount of Each Disbursement this Period

113.95

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Garrett Ripley's

Mailing Address 712 N Clark St

City Chicago State IL Zip Code 60610-3502

Purpose of Disbursement

Food/Drink

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: DB300

Date of Disbursement

M	M	D	D	Y	Y
1	1	2	3	2	0
				0	4

Amount of Each Disbursement this Period

198.80

☐ 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 PageFOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
OBAMA FOR ILLINOIS INC

Full Name (Last, First, Middle Initial)

A. Giordano's

Mailing Address 236 S. Wabash

City
ChicagoState
ILZip Code
60604Purpose of Disbursement
Food/Drink

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D8449

Date of Disbursement

N	M	D	Y
1	2	0	6
20		04	

Amount of Each Disbursement this Period

219.49

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Governor's Pub

Mailing Address 220 North State

City
ChicagoState
ILZip Code
60601Purpose of Disbursement
Food/Drink

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D8477

Date of Disbursement

N	M	D	Y
1	2	0	6
20		04	

Amount of Each Disbursement this Period

299.10

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Hard Rock Hotel Chicago

Mailing Address 65 E Wacker Pl

City
ChicagoState
ILZip Code
60601Purpose of Disbursement
Room Rental

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D8304

Date of Disbursement

M	N	D	Y
1	1	2	3
20		04	

Amount of Each Disbursement this Period

200.40

☐ 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)
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NAME OF COMMITTEE (In Full)

OBAMA FOR ILLINOIS INC

Full Name (Last, First, Middle Initial)

A. Hard Rock Hotel Chicago

Mailing Address 65 E Wacker Pl

City
ChicagoState
ILZip Code
60601

Purpose of Disbursement

Room Rental

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: D8303

Date of Disbursement

MM	DD	YYYY
11	23	2004

Amount of Each Disbursement this Period

102.00

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Hilton Chicago

Mailing Address 720 S. Michigan Ave

City
ChicagoState
ILZip Code
60605

Purpose of Disbursement

Room Rental

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: D8417

Date of Disbursement

MM	DD	YYYY
12	07	2004

Amount of Each Disbursement this Period

222.04

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Hilton Hotels Springfield

Mailing Address 700 East Adams

City
SpringfieldState
ILZip Code
62701

Purpose of Disbursement

Room Rental

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: D8343

Date of Disbursement

MM	DD	YYYY
11	23	2004

Amount of Each Disbursement this Period

78.10

☐ 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 DISBURSEMENTSUse separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)
OBAMA FOR ILLINOIS INC

Full Name (Last, First, Middle Initial) A. Hilton Hotels Springfield		Transaction ID: D8348 Date of Disbursement MM / DD / YYYY 11 / 23 / 2004	
Mailing Address 700 East Adams		Amount of Each Disbursement this Period 159.50	
City Springfield	State IL	Zip Code 62701	☐ Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Purpose of Disbursement Room Rental		Category/ Type	
Candidate Name			
Office Sought: ☐ House ☐ Senate ☐ President	Disbursement For: 2010 ☒ Primary ☐ General ☐ Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) B. Hilton Hotels Springfield		Transaction ID: D8348 Date of Disbursement MM / DD / YYYY 11 / 23 / 2004	
Mailing Address 700 East Adams		Amount of Each Disbursement this Period 155.09	
City Springfield	State IL	Zip Code 62701	☐ Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Purpose of Disbursement Room Rental		Category/ Type	
Candidate Name			
Office Sought: ☐ House ☐ Senate ☐ President	Disbursement For: 2010 ☒ Primary ☐ General ☐ Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) C. Hilton Hotels Springfield		Transaction ID: D8344 Date of Disbursement MM / DD / YYYY 11 / 23 / 2004	
Mailing Address 700 East Adams		Amount of Each Disbursement this Period 152.10	
City Springfield	State IL	Zip Code 62701	☐ Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Purpose of Disbursement Room Rental		Category/ Type	
Candidate Name			
Office Sought: ☐ House ☐ Senate ☐ President	Disbursement For: 2010 ☒ Primary ☐ General ☐ Other (specify) ▼		
State: District			

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)
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NAME OF COMMITTEE (In Full)
OBAMA FOR ILLINOIS INC

Full Name (Last, First, Middle Initial)

A. Hilton Hotels Springfield

Mailing Address 700 East Adams

City
SpringfieldState Zip Code
IL 62701Purpose of Disbursement
Room Rental

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: DB347

Date of Disbursement

M	M	D	D	Y	Y	Y	Y
1	1	2	3	2	0	0	4

Amount of Each Disbursement this Period

159.07

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Holiday Inn Alton

Mailing Address 3800 Homer M Adams Pky

City
AltonState Zip Code
IL 62002Purpose of Disbursement
Room Rental

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: DB320

Date of Disbursement

M	M	D	D	Y	Y	Y	Y
1	1	2	3	2	0	0	4

Amount of Each Disbursement this Period

100.66

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Holiday Inn Alton

Mailing Address 3800 Homer M Adams Pky

City
AltonState Zip Code
IL 62002Purpose of Disbursement
Room Rental

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: DB319

Date of Disbursement

M	M	D	D	Y	Y	Y	Y
1	1	2	3	2	0	0	4

Amount of Each Disbursement this Period

100.66

☐ 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 DISBURSEMENTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

OBAMA FOR ILLINOIS INC

Full Name (Last, First, Middle Initial)

A. Holiday Inn Alton

Mailing Address 3800 Homer M Adams Pky

City	State	Zip Code
Alton	IL	62002

Purpose of Disbursement
Room Rental

Candidate Name

Category/
Type

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:	2010
☒ Primary	☐ General
☐ Other (specify) ▼	

Transaction ID: D8322

Date of Disbursement

M	M	D	Y
11	23	2004	

Amount of Each Disbursement this Period

109.11

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Holiday Inn Alton

Mailing Address 3800 Homer M Adams Pky

City	State	Zip Code
Alton	IL	62002

Purpose of Disbursement
Room Rental

Candidate Name

Category/
Type

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:	2010
☒ Primary	☐ General
☐ Other (specify) ▼	

Transaction ID: D8318

Date of Disbursement

M	M	D	Y
11	23	2004	

Amount of Each Disbursement this Period

100.86

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Holiday Inn Alton

Mailing Address 3800 Homer M Adams Pky

City	State	Zip Code
Alton	IL	62002

Purpose of Disbursement
Room Rental

Candidate Name

Category/
Type

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:	2010
☒ Primary	☐ General
☐ Other (specify) ▼	

Transaction ID: D8317

Date of Disbursement

M	M	D	Y
11	23	2004	

Amount of Each Disbursement this Period

100.86

☐ 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)
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NAME OF COMMITTEE (In Full)
OBAMA FOR ILLINOIS INC

Full Name (Last, First, Middle Initial)

A. Holiday Inn Alton

Mailing Address 3800 Homer M Adams Pky

City Alton State IL Zip Code 62002

Purpose of Disbursement

Room Rental

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Holiday Inn Alton

Mailing Address 3800 Homer M Adams Pky

City Alton State IL Zip Code 62002

Purpose of Disbursement

Room Rental

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. Hotel Allegro

Mailing Address 171 W Randolph St

City Chicago State IL Zip Code 60601-3121

Purpose of Disbursement

Room Rental

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D8316

Date of Disbursement

N	M	D	Y	M	Y
1	1	2	3	2	0

Amount of Each Disbursement this Period

100.66

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

[MEMO ITEM]

Transaction ID: D8321

Date of Disbursement

N	M	D	Y	M	Y
1	1	2	3	2	0

Amount of Each Disbursement this Period

100.66

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

[MEMO ITEM]

Transaction ID: D8328

Date of Disbursement

N	M	D	Y	M	Y
1	1	2	3	2	0

Amount of Each Disbursement this Period

1853.00

☐ 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)
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NAME OF COMMITTEE (In Full)
OBAMA FOR ILLINOIS INCA. Full Name (Last, First, Middle Initial)
Hyatt Regency

Mailing Address 151 E Wacker Dr

City State Zip Code
Chicago IL 60601-3764

Purpose of Disbursement

Room Rental

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D8326

Date of Disbursement

N	M	D	Y	Y	Y	Y
1	1	2	3	2	0	0

Amount of Each Disbursement This Period

418.31

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

Mailing Address 151 E Wacker Dr

City State Zip Code
Chicago IL 60601-3764

Purpose of Disbursement

Room Rental

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D8422

Date of Disbursement

N	M	D	Y	Y	Y	Y
1	2	1	3	2	0	0

Amount of Each Disbursement This Period

178.10

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

Mailing Address 901 S Plymouth Ct

City State Zip Code
Chicago IL 60605-2059

Purpose of Disbursement

Mileage

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D8421

Date of Disbursement

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

Amount of Each Disbursement This Period

147.50

☐ 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 DISBURSEMENTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)
OBAMA FOR ILLINOIS INC

Full Name (Last, First, Middle Initial)

A. O'Callaghans

Mailing Address 29 W Hubbard St

City
ChicagoState
ILZip Code
60610-4605Purpose of Disbursement
Food/Drink

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D8448

Date of Disbursement

12 / 08 / 2004

Amount of Each Disbursement this Period

250.00

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Pioneer Limo Service

Mailing Address 546 S Broadway

City
EncinoState
CAZip Code
91316Purpose of Disbursement
Driver

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D8430

Date of Disbursement

12 / 20 / 2004

Amount of Each Disbursement this Period

373.33

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Presidential Towers

Mailing Address 655 W. Madison St

City
ChicagoState
ILZip Code
60661Purpose of Disbursement
Room Rental

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D8423

Date of Disbursement

12 / 20 / 2004

Amount of Each Disbursement this Period

102.76

☐ 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 DISBURSEMENTSUse separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)
OBAMA FOR ILLINOIS INC

Full Name (Last, First, Middle Initial)

A. Presidential Towers

Mailing Address 555 W. Madison St.

City Chicago State IL Zip Code 60661

Purpose of Disbursement

Room Rental

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D8426

Date of Disbursement

12 / 20 / 2004

Amount of Each Disbursement this Period

46.02

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Presidential Towers

Mailing Address 555 W. Madison St.

City Chicago State IL Zip Code 60661

Purpose of Disbursement

Room Rental

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D8426

Date of Disbursement

12 / 20 / 2004

Amount of Each Disbursement this Period

205.00

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Presidential Towers

Mailing Address 555 W. Madison St.

City Chicago State IL Zip Code 60661

Purpose of Disbursement

Room Rental

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D8424

Date of Disbursement

12 / 20 / 2004

Amount of Each Disbursement this Period

50.00

☐ 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)
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NAME OF COMMITTEE (In Full)
OBAMA FOR ILLINOIS INCFull Name (Last, First, Middle Initial)
A. Renaissance Springfield Hotel

Mailing Address 701 E. Adams

City Springfield State IL Zip Code 62701

Purpose of Disbursement
Room Rental

Candidate Name

Category/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: DB338

Date of Disbursement

MM / DD / YYYY
11 / 23 / 2004

Amount of Each Disbursement this Period

77.20

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. Renaissance Springfield Hotel

Mailing Address 701 E. Adams

City Springfield State IL Zip Code 62701

Purpose of Disbursement
Room Rental

Candidate Name

Category/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: DB341

Date of Disbursement

MM / DD / YYYY
11 / 23 / 2004

Amount of Each Disbursement this Period

13.51

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. Renaissance Springfield Hotel

Mailing Address 701 E. Adams

City Springfield State IL Zip Code 62701

Purpose of Disbursement
Room Rental

Candidate Name

Category/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: DB345

Date of Disbursement

MM / DD / YYYY
11 / 23 / 2004

Amount of Each Disbursement this Period

77.00

☐ 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)
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NAME OF COMMITTEE (in Full)
OBAMA FOR ILLINOIS INCA. Full Name (Last, First, Middle Initial)
Renaissance Springfield Hotel

Mailing Address 701 E. Adams

City Springfield State IL Zip Code 62701

Purpose of Disbursement

Room Rental

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D8357

Date of Disbursement

MM / DD / YY
11 / 23 / 2004

Amount of Each Disbursement this Period

130.90

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

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Renaissance Springfield Hotel

Mailing Address 701 E. Adams

City Springfield State IL Zip Code 62701

Purpose of Disbursement

Room Rental

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D8358

Date of Disbursement

MM / DD / YY
11 / 23 / 2004

Amount of Each Disbursement this Period

130.90

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

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Renaissance Springfield Hotel

Mailing Address 701 E. Adams

City Springfield State IL Zip Code 62701

Purpose of Disbursement

Room Rental

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D8360

Date of Disbursement

MM / DD / YY
11 / 23 / 2004

Amount of Each Disbursement this Period

143.89

☐ 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 DISBURSEMENTSUse separate schedule(s)
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(check only one)

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NAME OF COMMITTEE (In Full)
OBAMA FOR ILLINOIS INCA. Full Name (Last, First, Middle Initial)
Renaissance Springfield Hotel

Mailing Address 701 E. Adams

City Springfield State IL Zip Code 62701

Purpose of Disbursement

Room Rental

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D8369

Date of Disbursement

11	23	2004
----	----	------

Amount of Each Disbursement this Period

143.89

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

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Renaissance Springfield Hotel

Mailing Address 701 E. Adams

City Springfield State IL Zip Code 62701

Purpose of Disbursement

Cab

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D8447

Date of Disbursement

12	10	2004
----	----	------

Amount of Each Disbursement this Period

783.07

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

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Eric Reyes

Mailing Address 807 West Taylor, Apt 502

City DeKalb State IL Zip Code 60115

Purpose of Disbursement

Mileage

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D8413

Date of Disbursement

12	02	2004
----	----	------

Amount of Each Disbursement this Period

81.00

☐ 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)
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NAME OF COMMITTEE (In Full)

OBAMA FOR ILLINOIS INC

Full Name (Last, First, Middle Initial)

A. Tarak Shah

Mailing Address 131 East Lincoln

City
Glendale HeightsState
ILZip Code
60139Purpose of Disbursement
Mileage

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: DB405

Date of Disbursement

M	M	D	Y
1	2	0	1
			2004

Amount of Each Disbursement this Period

28.25

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Shell Oil

Mailing Address 1400 West Division

City
ChicagoState
ILZip Code
60622Purpose of Disbursement
Gas

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: DB369

Date of Disbursement

M	M	D	Y
1	1	2	3
			2004

Amount of Each Disbursement this Period

35.57

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Shell Oil

Mailing Address 1400 West Division

City
ChicagoState
ILZip Code
60622Purpose of Disbursement
Gas

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: DB354

Date of Disbursement

M	M	D	Y
1	1	2	3
			2004

Amount of Each Disbursement this Period

48.21

☐ 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) ▶

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NAME OF COMMITTEE (In Full)
OBAMA FOR ILLINOIS INC

Full Name (Last, First, Middle Initial)

A. Shell Oil

Mailing Address 1400 West Division

City
ChicagoState Zip Code
IL 60622Purpose of Disbursement
Gas

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D8314

Date of Disbursement

M	M	D	D	Y	Y	Y	Y
1	1	2	3	2	0	0	4

Amount of Each Disbursement this Period

41.19

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

Full Name (Last, First, Middle Initial)

B. Shell Oil

Mailing Address 1400 West Division

City
ChicagoState Zip Code
IL 60622Purpose of Disbursement
Gas

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D8378

Date of Disbursement

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

Amount of Each Disbursement this Period

29.86

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

Full Name (Last, First, Middle Initial)

C. Shell Oil

Mailing Address 1400 West Division

City
ChicagoState Zip Code
IL 60622Purpose of Disbursement
Gas

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D8388

Date of Disbursement

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

Amount of Each Disbursement this Period

29.36

☐ 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) ▶

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NAME OF COMMITTEE (In Full)
OBAMA FOR ILLINOIS INC

Full Name (Last, First, Middle Initial)

A. Shell Oil

Mailing Address 1400 West Division

City
ChicagoState
ILZip Code
60622Purpose of Disbursement
Gas

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D8390

Date of Disbursement

N	M	D	Y	Y	Y
1	2	1	1	2	0

Amount of Each Disbursement this Period

50.00

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Ashley Tate-Gilmore

Mailing Address 1545 West Jackson

City
ChicagoState
ILZip Code
60607Purpose of Disbursement
Mileage

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D8399

Date of Disbursement

N	M	D	Y	Y	Y
1	1	3	0	2	0

Amount of Each Disbursement this Period

140.63

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. The Film and Tape Works

Mailing Address 237 E. Ontario

City
ChicagoState
ILZip Code
60611Purpose of Disbursement
Research Materials

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D8324

Date of Disbursement

N	M	D	Y	Y	Y
1	1	2	3	2	0

Amount of Each Disbursement this Period

1250.00

☐ 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)
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NAME OF COMMITTEE (In Full)
OBAMA FOR ILLINOIS INCA. Full Name (Last, First, Middle Initial)
Verizon

Mailing Address PO Box 920041

City Dallas State TX Zip Code 75392

Purpose of Disbursement

Telephone

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District

Transaction ID: D8409

Date of Disbursement

MM / DD / YYYY
12 / 02 / 2004

Amount of Each Disbursement this Period

149.81

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

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Verizon

Mailing Address PO Box 920041

City Dallas State TX Zip Code 75392

Purpose of Disbursement

Telephone

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District

Transaction ID: D8433

Date of Disbursement

MM / DD / YYYY
12 / 31 / 2004

Amount of Each Disbursement this Period

493.20

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

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Gina Trippi

Mailing Address 500 N Euclid Ave

City Oak Park State IL Zip Code 60302-1618

Purpose of Disbursement

Travel Reimbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District

Transaction ID: D8170

Date of Disbursement

MM / DD / YYYY
11 / 23 / 2004

Amount of Each Disbursement this Period

221.82

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

SUBTOTAL of Disbursements This Page (optional) ▶

221.82

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

**SCHEDULE B (FEC Form 3)
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NAME OF COMMITTEE (in Full)
OBAMA FOR ILLINOIS INCA. Full Name (Last, First, Middle Initial)
Ashley Tate-Gilmora

Mailing Address 1545 West Jackson

City Chicago State IL Zip Code 60607

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D8177

Date of Disbursement

M	M	D	D	Y	Y
1	2	0	2	2	0
				4	

Amount of Each Disbursement this Period

140.63

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

Mailing Address 807 West Taylor, Apt 502

City DeKalb State IL Zip Code 60115

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D8179

Date of Disbursement

M	M	D	D	Y	Y
1	2	0	2	2	0
				4	

Amount of Each Disbursement this Period

247.07

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

Mailing Address 627 East Adams

City Springfield State IL Zip Code 62701

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D8182

Date of Disbursement

M	M	D	D	Y	Y
1	2	0	2	2	0
				4	

Amount of Each Disbursement this Period

266.81

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

SUBTOTAL of Disbursements This Page (optional)

654.51

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
OBAMA FOR ILLINOIS INCA. Full Name (Last, First, Middle Initial)
Kateshia Page

Mailing Address 708 Dorchester Dr

City Bollingbrook State IL Zip Code 60440

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D8183

Date of Disbursement

M	M	D	D	Y	Y	Y	Y
1	2	0	2	2	0	0	4

Amount of Each Disbursement this Period

184.13

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

Mailing Address 721 E State St

City Rockford State IL Zip Code 61104-1032

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D8185

Date of Disbursement

M	M	D	D	Y	Y	Y	Y
1	2	0	2	2	0	0	4

Amount of Each Disbursement this Period

253.00

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

Mailing Address 5805 North Millmore Ave, Apt 1N

City Chicago State IL Zip Code 60646

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D8187

Date of Disbursement

M	M	D	D	Y	Y	Y	Y
1	2	0	2	2	0	0	4

Amount of Each Disbursement this Period

67.16

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

SUBTOTAL of Disbursements This Page (optional)

504.29

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
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☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)
OBAMA FOR ILLINOIS INCFull Name (Last, First, Middle Initial)
A. Tarak Shah

Mailing Address 131 East Lincoln

City Glendale Heights State IL Zip Code 60139

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2010 ☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D8189
Date of Disbursement

12	02	2004
----	----	------

Amount of Each Disbursement this Period

36.25

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

Mailing Address 3207 Crest Avenue

City Cheverly State MD Zip Code 20785

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2010 ☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D8198
Date of Disbursement

12	10	2004
----	----	------

Amount of Each Disbursement this Period

759.02

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

Mailing Address 346 W Carol Ln

City Elmhurst State IL Zip Code 60126-1003

Purpose of Disbursement
Credit Card Payment

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2010 ☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D8205
Date of Disbursement

12	10	2004
----	----	------

Amount of Each Disbursement this Period

12129.94

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

SUBTOTAL of Disbursements This Page (optional) ▶

12925.21

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (in Full)
OBAMA FOR ILLINOIS INC

A. Jenny Yeager Full Name (Last, First, Middle Initial) Mailing Address 850 North State City Chicago State IL Zip Code 60610 Purpose of Disbursement Travel Reimbursement Candidate Name Office Sought: ☐ House ☐ Senate ☐ President State: District: Disbursement For: 2010 ☒ Primary ☐ General ☐ Other (specify) ▼ Category/Type		Transaction ID: D8210 Date of Disbursement 12 / 10 / 2004 Amount of Each Disbursement this Period 1071.48 ☐ Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Nate Tamarin Full Name (Last, First, Middle Initial) Mailing Address 850 West Newport City Chicago State IL Zip Code 60657 Purpose of Disbursement Travel Reimbursement Candidate Name Office Sought: ☐ House ☐ Senate ☐ President State: District: Disbursement For: 2010 ☒ Primary ☐ General ☐ Other (specify) ▼ Category/Type		Transaction ID: D8213 Date of Disbursement 12 / 10 / 2004 Amount of Each Disbursement this Period 985.59 ☐ Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Nubia Chaldez Full Name (Last, First, Middle Initial) Mailing Address 5605 North Millmore Ave, Apt 1N City Chicago State IL Zip Code 60646 Purpose of Disbursement Travel Reimbursement Candidate Name Office Sought: ☐ House ☐ Senate ☐ President State: District: Disbursement For: 2010 ☒ Primary ☐ General ☐ Other (specify) ▼ Category/Type		Transaction ID: D8216 Date of Disbursement 12 / 10 / 2004 Amount of Each Disbursement this Period 45.98 ☐ Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

2103.04

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 PageFOR LINE NUMBER:
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☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (in Full)
OBAMA FOR ILLINOIS INC

Full Name (Last, First, Middle Initial)

A. Paul Harstad

Mailing Address 1111 Utica Cir
8030City
BoulderState
COZip Code
80304-0797

Purpose of Disbursement

Travel Reimbursement

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District

Transaction ID: D8218

Date of Disbursement

N	M	D	Y	Y	Y
1	2	1	0	2	0
			2004		

Amount of Each Disbursement this Period

793.82

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

Full Name (Last, First, Middle Initial)

B. Ledianus Curtis

Mailing Address 721 E State St

City
RockfordState
ILZip Code
61104-1032

Purpose of Disbursement

Travel Reimbursement

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District

Transaction ID: D8229

Date of Disbursement

N	M	D	Y	Y	Y
1	2	1	0	2	0
			2004		

Amount of Each Disbursement this Period

200.00

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

Full Name (Last, First, Middle Initial)

C. Darrel Thompson

Mailing Address 1215 1/2 C Street

City
WashingtonState
DCZip Code
20002

Purpose of Disbursement

Travel Reimbursement

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District

Transaction ID: D8242

Date of Disbursement

N	M	D	Y	Y	Y
1	2	2	0	2	0
			2004		

Amount of Each Disbursement this Period

674.48

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

SUBTOTAL of Disbursements This Page (optional) ▶

1668.30

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 PageFOR LINE NUMBER:
(check only one)

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☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (in Full)
OBAMA FOR ILLINOIS INC

Full Name (Last, First, Middle Initial)

A. Harry Kruglik

Mailing Address 901 S Plymouth Ct

City
ChicagoState
ILZip Code
60605-2059

Purpose of Disbursement

Travel Reimbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

2010

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: D8244

Date of Disbursement

12	20	2004
----	----	------

Amount of Each Disbursement this Period

147.50

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

Full Name (Last, First, Middle Initial)

B. Jenny Yeager

Mailing Address 850 North State

City
ChicagoState
ILZip Code
60610

Purpose of Disbursement

Travel Reimbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

2010

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: D8246

Date of Disbursement

12	20	2004
----	----	------

Amount of Each Disbursement this Period

373.33

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

Full Name (Last, First, Middle Initial)

C. Kaleshia Page

Mailing Address 706 Dorchester Dr

City
BolingbrookState
ILZip Code
60440

Purpose of Disbursement

Travel Reimbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

2010

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: D8247

Date of Disbursement

12	20	2004
----	----	------

Amount of Each Disbursement this Period

178.10

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

SUBTOTAL of Disbursements This Page (optional)

898.93

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)

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NAME OF COMMITTEE (In Full)
OBAMA FOR ILLINOIS INC

Full Name (Last, First, Middle Initial)

A. Lonie Nash

Mailing Address 8227 S. Octavia

City
BridgeviewState
ILZip Code
60455Purpose of Disbursement
Travel Reimbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

2010

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: D8248

Date of Disbursement

M	M	D	D	Y	Y
1	2	2	0	2	0
12		20		2004	

Amount of Each Disbursement this Period

615.60

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

Full Name (Last, First, Middle Initial)

B. Claire Serdiuk

Mailing Address 518 W 36th St

City
ChicagoState
ILZip Code
60609-1708Purpose of Disbursement
Travel Reimbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

2010

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: D8260

Date of Disbursement

M	M	D	D	Y	Y
1	2	3	1	2	0
12		31		2004	

Amount of Each Disbursement this Period

119.00

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

Full Name (Last, First, Middle Initial)

C. Kaleshia Page

Mailing Address 708 Dorchester Dr

City
BolingbrookState
ILZip Code
60440Purpose of Disbursement
Travel Reimbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

2010

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: D8270

Date of Disbursement

M	M	D	D	Y	Y
1	2	3	1	2	0
12		31		2004	

Amount of Each Disbursement this Period

138.62

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

SUBTOTAL of Disbursements This Page (optional)

873.22

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)
OBAMA FOR ILLINOIS INC

Full Name (Last, First, Middle Initial)

A. Tommy Viator

Mailing Address 53 Scarlet Street

City
DedhamState Zip Code
MA 01233

Purpose of Disbursement

Travel Reimbursement

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D8274

Date of Disbursement

12 / 31 / 2004

Amount of Each Disbursement This Period

493.20

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.63

SUBTOTAL of Disbursements This Page (optional) ▶

493.20

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

193717.65

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☐ 17 20a	☒ 18 20b	☐ 19a 20c	☐ 19b 21
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NAME OF COMMITTEE (In Full)
OBAMA FOR ILLINOIS INCFull Name (Last, First, Middle Initial)
A. CANTWELL 2008

Mailing Address PO BOX 61528

City
VANCOUVERState
WA Zip Code
98066Purpose of Disbursement
Donation

Candidate Name

Office Sought: ☐ House
☒ Senate
☐ President
State: WA District:Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼Category/
TypeTransaction ID: D8256
Date of Disbursement

M	M	D	Y
1	2	3	0
			00

Amount of Each Disbursement this Period

2000.00

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

B. CHARLIE MELANCON CAMPAIGN COMMITTEE INC

Mailing Address 511 CONGRESS ST
PO BOX 549City
NAPLEONVILLEState
LA Zip Code
70390Purpose of Disbursement
Donation

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ President
State: LA District:Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼Category/
TypeTransaction ID: D8171
Date of Disbursement

M	M	D	Y
1	1	2	3
			00

Amount of Each Disbursement this Period

1000.00

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

C. Illinois Police Patrolman's Assoc.

Mailing Address 7508 North Avenue

City
Elmwood ParkState
IL Zip Code
60635Purpose of Disbursement
Donation

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼Category/
TypeTransaction ID: D8235
Date of Disbursement

M	M	D	Y
1	2	1	6
			00

Amount of Each Disbursement this Period

375.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

3375.00

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)

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NAME OF COMMITTEE (In Full)
OBAMA FOR ILLINOIS INCFull Name (Last, First, Middle Initial)
A Willie Landry Mount for Congress

Mailing Address 1830 Ryan Street, Suite A

City Lake Charles State LA Zip Code 70601

Purpose of Disbursement
Donation

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: DB172

Date of Disbursement

11 / 23 / 2004

Amount of Each Disbursement this Period

1000.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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

4375.00

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Obama for Illinois
310 S. Michigan Street 17th

Chicago 11: 66604
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Office of Public Records

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Washington D.C. 20510

0101811202808 6400 M

XII

70208	YATZ EX-55
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Displacement

EXT-INT

SENATE

FROM: DARRIN FOR ILINDIS
 CTR# : United Pats? Service
 TRK# : 127029YR2210000757
 DATE: 1/31/2005

PK0: 1 OF 1

10: OFFICE DELIVERY
OFFICE: PUBLIC RECORDS

BUILDING: HART

MS: 94-229

ROUTE: SENATE

100

PKGID: 9531013885632

12 702 SKA 22 1000 075 7

12 702 89 222 100 075 J

70208	YATZ EX-55
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Displacement

Postal Operations

1993-1994: 100% (100%)

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EMILY J. REYNOLDS
SECRETARY

PAMELA B. GAVIN
SUPERINTENDENT

HART SENATE OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-7118
PHONE: (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

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 HAND DELIVERED
Date of Receipt

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Postmarked

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 COMMISSION
Date of Receipt

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 PRIORITY MAIL /WITH CONFIRMATION SHEET
 EXPRESS MAIL
 FEDERAL EXPRESS
✓ UPS
 DHL
 AIRBORNE EXPRESS **01-28-05**
Postmark

 PRIORITY MAIL (NO CONFIRMATION)
Date of Receipt

 FIRST CLASS MAIL
Date of Receipt

 FAX
Date of Receipt

 NO POSTMARK POSTMARK ILLEGIBLE

 OTHER
Date of Receipt

RD **02-02-05**
Preparer Date Prepared

