

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 88			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Roskam for Congress Committee

Full Name (Last, First, Middle Initial) A. Engage, LLC			Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2015
Mailing Address 814 King Street, #400			Amount of Each Disbursement this Period 195.00
City Alexandria	State VA	Zip Code 22314-	Transaction ID : 50410.E8546
Purpose of Disbursement website hosting		Category/ Type	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	WEBSITE HOSTING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) B. Ashley Kramer Heacock			Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2015
Mailing Address 226 Robertson Street			Amount of Each Disbursement this Period 4000.00
City Williamsburg	State VA	Zip Code 23185-	Transaction ID : 50120.E8398
Purpose of Disbursement salary		Category/ Type	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	SALARY
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) c. Ashley Kramer Heacock			Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2015
Mailing Address 226 Robertson Street			Amount of Each Disbursement this Period 16320.00
City Williamsburg	State VA	Zip Code 23185-	Transaction ID : 50323.E8446
Purpose of Disbursement salary		Category/ Type	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	SALARY
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

SUBTOTAL of Disbursements This Page (optional).....	20515.00
TOTAL This Period (last page this line number only).....	