

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

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

FOR LINE NUMBER: PAGE 125 / 184  
(check only one)  
 17    18    19a    19b    20a    20b  
 20c    21

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NAME OF COMMITTEE (In Full)  
Zopp for US Senate

Full Name (Last, First, Middle Initial) Blue Cross Blue Shield of Illinois		Date of Disbursement
Mailing Address 1020 31st St		01   08   2016
City Downers Grove	State IL	Amount of Disbursement this Period
	Zip Code 60515-5501	3222.91
Purpose of Disbursement Health Insurance	Category/ Type	<input type="checkbox"/> Memo Item
Candidate Name		Transaction ID: VQZ37A6JH21
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:      District:		

Full Name (Last, First, Middle Initial) FMG, LLC		Date of Disbursement
Mailing Address 9604 Sotweed Dr c/o Scott Gale		02   01   2016
City Potomac	State MD	Amount of Disbursement this Period
	Zip Code 20854-4750	8972.95
Purpose of Disbursement Fundraising Consultant	Category/ Type	<input type="checkbox"/> Memo Item
Candidate Name		Transaction ID: VQZ37A6HD41
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:      District:		

Full Name (Last, First, Middle Initial) Bryce Colquitt		Date of Disbursement
Mailing Address 4943 S Michigan Ave Apt 2S		01   08   2016
City Chicago	State IL	Amount of Disbursement this Period
	Zip Code 60615	1370.59
Purpose of Disbursement Reimbursement	Category/ Type	<input type="checkbox"/> Memo Item
Candidate Name		Transaction ID: VQZ37A6D151
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:      District:		

SUBTOTAL of Disbursements This Page (optional)	13566.45
TOTAL This Period (last page this line number only)	

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