

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

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 43 OF 72                      |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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NAME OF COMMITTEE (In Full)  
**GENE GREEN CONGRESSIONAL CAMPAIGN**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. United Airlines</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 13 / 2015 |
| Mailing Address P O Box 66100   |  | Amount of Each Disbursement this Period<br>200.00             |
| City Chicago  | State IL Zip Code 60666  |   |
| Purpose of Disbursement<br>Service Fee  | Category/Type  | <b>Transaction ID : SB17.25506.20</b><br><b>[MEMO ITEM]</b>   |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. United Airlines</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 28 / 2015 |
| Mailing Address P O Box 66100   |  | Amount of Each Disbursement this Period<br>406.20             |
| City Chicago  | State IL Zip Code 60666  |   |
| Purpose of Disbursement<br>Spouse Airfare   | Category/Type  | <b>Transaction ID : SB17.25506.21</b><br><b>[MEMO ITEM]</b>   |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. United Airlines</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 20 / 2015 |
| Mailing Address P O Box 66100   |  | Amount of Each Disbursement this Period<br>349.20             |
| City Chicago  | State IL Zip Code 60666  |   |
| Purpose of Disbursement<br>Spouse Airfare   | Category/Type  | <b>Transaction ID : SB17.25506.22</b><br><b>[MEMO ITEM]</b>   |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |      |
|---|------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 0.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |      |