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)
☐ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☒ 21

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

NAME OF COMMITTEE (In Full)
Volunteers for Shimkus

A.
Full Name (Last, First, Middle Initial)
Crane for Congress Committee

Mailing Address P.O. Box 8534

City: Rolling Meadows | State: IL | Zip Code: 60008-

Purpose of Disbursement: CONTRIBUTION

Candidate Name: PHILIPM CRANE

Category/Type

Office Sought: X House / Senate / President
State: IL District: 08

Disbursement For: 2004
Primary / X General / Other (specify)

Transaction ID: 1008200418E2619
Date of Disbursement: 08 / 17 / 2004

Amount of Each Disbursement this Period: 1000.00

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

B.
Full Name (Last, First, Middle Initial)
Illinois Republican Party

Mailing Address 4th Street

City: Springfield | State: IL | Zip Code: 62703-

Purpose of Disbursement: TRANSFER EXCESS CAMPAIGN FUNDS

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District

Disbursement For: 2004
Primary / X General / Other (specify)

Transaction ID: 1008200418E2651
Date of Disbursement: 09 / 23 / 2004

Amount of Each Disbursement this Period: 20000.00

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

C.
Full Name (Last, First, Middle Initial)
NRCC Battleground 2004

Mailing Address 320 First St SE

City: Washington | State: DC | Zip Code: 20003-

Purpose of Disbursement: TRANSFER EXCESS CAMPAIGN FUNDS

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District

Disbursement For: 2004
Primary / X General / Other (specify)

Transaction ID: 1112200450E2703
Date of Disbursement: 08 / 21 / 2004

Amount of Each Disbursement this Period: 100000.00

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

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **121000.00**

TOTAL This Period (last page this line number only) ..... ▶ **121000.00**