

**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 22 OF 50			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. United Airlines</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2015
Mailing Address P O Box 66100			Amount of Each Disbursement this Period 352.70
City Chicago	State IL	Zip Code 60666	
Purpose of Disbursement Spouse Airfare		Category/ Type	<b>Transaction ID : SB17.25220.10</b>  <b>[MEMO ITEM]</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>B. United Airlines</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2015
Mailing Address P O Box 66100			Amount of Each Disbursement this Period 392.70
City Chicago	State IL	Zip Code 60666	
Purpose of Disbursement Spouse Airfare		Category/ Type	<b>Transaction ID : SB17.25220.11</b>  <b>[MEMO ITEM]</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>C. American Express</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2015
Mailing Address P. O. Box 630001			Amount of Each Disbursement this Period 625.00
City Dallas	State TX	Zip Code 75363	
Purpose of Disbursement AmEx Annual Membership Fee		Category/ Type	<b>Transaction ID : SB17.25220.12</b>  <b>[MEMO ITEM]</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <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) .....	