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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A.
Full Name (Last, First, Middle Initial)
Healthy Schools Campaign

Mailing Address 205 W. Monroe

City: Chicago | State: IL | Zip Code: 60606

Purpose of Disbursement: Donation

Candidate Name:

Category/Type:

Office Sought: House / Senate / President

State: District:

Disbursement For: Primary / General / Other (specify)

Transaction ID: SB21.6152
Date of Disbursement: 04/05/2005

Amount of Each Disbursement this Period: 250.00

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

B.
Full Name (Last, First, Middle Initial)
HERSETH FOR CONGRESS

Mailing Address PO Box 2009

City: Sioux Falls | State: SD | Zip Code: 57101

Purpose of Disbursement: Contribution

Candidate Name: STEPHANIE M HERSETH

Category/Type:

Office Sought: X House / Senate / President

State: SD District: 00

Disbursement For: 2006 X Primary / General / Other (specify)

Transaction ID: SB21.5928
Date of Disbursement: 05/02/2005

Amount of Each Disbursement this Period: 2000.00

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

C.
Full Name (Last, First, Middle Initial)
HOOLEY FOR CONGRESS

Mailing Address PO BOX 2050

City: SALEM | State: OR | Zip Code: 97308

Purpose of Disbursement: Contribution

Candidate Name: DARLENE HOOLEY

Category/Type:

Office Sought: X House / Senate / President

State: OR District: 05

Disbursement For: 2006 X Primary / General / Other (specify)

Transaction ID: SB21.6156
Date of Disbursement: 06/29/2005

Amount of Each Disbursement this Period: 1000.00

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

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 3250.00

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