

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

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

FOR LINE NUMBER: PAGE 1379 / 1497
(check only one)
 17 18 19a 19b
 20a 20b 20c 21

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Amount of Disbursement this Period
Tammy for Illinois

Full Name (Last, First, Middle Initial) AT&T		Date of Disbursement	
Mailing Address Bill Payment Ctr		03	02
City Saginaw	State MI	2016	
Zip Code 48663-0001		Amount of Each Receipt this Period	
Purpose of Disbursement Cell Phones		29.39	
Candidate Name		<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Transaction ID: VN7ME9VN335	
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) AT&T		Date of Disbursement	
Mailing Address Bill Payment Ctr		03	02
City Saginaw	State MI	2016	
Zip Code 48663-0001		Amount of Each Receipt this Period	
Purpose of Disbursement Cell Phones		29.39	
Candidate Name		<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Transaction ID: VN7ME9VN343	
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) AT&T		Date of Disbursement	
Mailing Address Bill Payment Ctr		03	02
City Saginaw	State MI	2016	
Zip Code 48663-0001		Amount of Each Receipt this Period	
Purpose of Disbursement Cell Phones		29.39	
Candidate Name		<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Transaction ID: VN7ME9VN350	
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)	0.00
TOTAL This Period (last page this line number only)	

201604190200145344