

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 1430 / 1497
	(check only one)
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19a <input type="checkbox"/> 19b <input type="checkbox"/> 20a <input type="checkbox"/> 20b <input type="checkbox"/> 20c <input type="checkbox"/> 21

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Amount of Disbursement this Period
Tammy for Illinois

Full Name (Last, First, Middle Initial) First Bank Merchant Services		Date of Disbursement	
Mailing Address PO Box 407066		<input type="text" value="03"/>	<input type="text" value="03"/> <input type="text" value="2016"/>
City Fort Lauderdale	State FL	Zip Code 33340-7066	Amount of Each Receipt this Period <input type="text" value="85.68"/>
Purpose of Disbursement Credit Card Processing Fee		<input type="text" value="001"/>	
Candidate Name		Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID: VN7ME9VNYG5
State:	District:		

Full Name (Last, First, Middle Initial) First Bank Merchant Services		Date of Disbursement	
Mailing Address PO Box 407066		<input type="text" value="03"/>	<input type="text" value="03"/> <input type="text" value="2016"/>
City Fort Lauderdale	State FL	Zip Code 33340-7066	Amount of Each Receipt this Period <input type="text" value="139.01"/>
Purpose of Disbursement Credit Card Processing Fee		<input type="text" value="001"/>	
Candidate Name		Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID: VN7ME9VNYH3
State:	District:		

Full Name (Last, First, Middle Initial) First Bank Merchant Services		Date of Disbursement	
Mailing Address PO Box 407066		<input type="text" value="03"/>	<input type="text" value="03"/> <input type="text" value="2016"/>
City Fort Lauderdale	State FL	Zip Code 33340-7066	Amount of Each Receipt this Period <input type="text" value="300.55"/>
Purpose of Disbursement Credit Card Processing Fee		<input type="text" value="001"/>	
Candidate Name		Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID: VN7ME9VNYJ1
State:	District:		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="525.24"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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