

**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 16 OF 33			
	<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)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. Allstate Insurance Company			Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2015
Mailing Address Not Available			Amount of Each Disbursement this Period 107.58 Transaction ID : SB17.17051
City Chicago	State IL	Zip Code 60600	
Purpose of Disbursement Automobile Insurance	Category/ Type 001		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Disbursement For: 2013 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) B. Allstate Insurance Company			Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2015
Mailing Address Not Available			Amount of Each Disbursement this Period 107.58 Transaction ID : SB17.17058
City Chicago	State IL	Zip Code 60600	
Purpose of Disbursement Mobile Telephone Service	Category/ Type 001		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) c. Allstate Insurance Company			Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2015
Mailing Address Not Available			Amount of Each Disbursement this Period 107.58 Transaction ID : SB17.17081
City Chicago	State IL	Zip Code 60600	
Purpose of Disbursement AUTOMOBILE INSURNCE	Category/ Type 001		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional).....	322.74
TOTAL This Period (last page this line number only).....	