

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Attorneys' Title Guaranty Fund, Inc. Federal Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Hillary For America**

Mailing Address 300 Cadman Plaza West 11th Floor

City Brooklyn State NY Zip Code 11201

Purpose of Disbursement Contribution

Category/Type

Candidate Name  
**Clinton, Hillary Rodham, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement  
M M / D D / Y Y Y Y Y Y  
10 / 25 / 2016

FEC Identification Number  
**C** C00575795  
**Transaction ID : SB23.4785**  
Amount of Each Disbursement this Period  
-2700.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. TAMMY FOR ILLINOIS**

Mailing Address PO BOX 59348

City SCHAUMBURG State IL Zip Code 60159

Purpose of Disbursement Contribution

Category/Type

Candidate Name  
**TAMMY FOR ILLINOIS**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: IL District: 00

Date of Disbursement  
M M / D D / Y Y Y Y Y Y  
11 / 03 / 2016

FEC Identification Number  
**C** C00574889  
**Transaction ID : SB23.4786**  
Amount of Each Disbursement this Period  
3000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement  
M M / D D / Y Y Y Y Y Y

FEC Identification Number  
**C**  
Amount of Each Disbursement this Period

Memo Item

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

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

300.00  
300.00