

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines. 12FE4M5
SCHAKOWSKY FOR CONGRESS

ADDRESS (number and street) P.O. BOX 5130
 Check if different than previously reported. (ACC) EVANSTON IL 60204

2. **FEC IDENTIFICATION NUMBER** C C00327023 3. IS THIS REPORT NEW (N) **OR** AMENDED (A) IL 09

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on M M / D D / Y Y Y Y in the State of
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y 04 / 01 / 2015 through M M / D D / Y Y Y Y 06 / 30 / 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Melanie R. Cohen

Signature of Treasurer Melanie R. Cohen *[Electronically Filed]* Date M M / D D / Y Y Y Y 07 / 10 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
SCHAKOWSKY FOR CONGRESS

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	229336.09	459121.98
(b) Total Contribution Refunds (from Line 20(d))	2511.00	2523.66
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	226825.09	456598.32
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	189771.79	348814.86
(b) Total Offsets to Operating Expenditures (from Line 14).....	834.40	1288.40
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	188937.39	347526.46
8. Cash on Hand at Close of Reporting Period (from Line 27).....	357842.45	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

SCHAKOWSKY FOR CONGRESS

Report Covering the Period: From: / / To: / /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	135640.00	315240.00
(ii) Unitemized.....	58496.09	76681.98
(iii) TOTAL of contributions from individuals ▶	194136.09	391921.98
(b) Political Party Committees.....	500.00	500.00
(c) Other Political Committees (such as PACs).....	34700.00	66700.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	229336.09	459121.98
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	834.40	1288.40
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	116.85	10204.80
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	230287.34	470615.18

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	189771.79	348814.86
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	2011.00	2023.66
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	500.00	500.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	2511.00	2523.66
21. OTHER DISBURSEMENTS	41822.00	96823.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	234104.79	448161.52

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	361659.90
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	230287.34
25. SUBTOTAL (add Line 23 and Line 24).....	591947.24
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	234104.79
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	357842.45

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 119
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Frederick Agustin

Mailing Address 3946 North Ravenswood #603

City Chicago State IL Zip Code 60613

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 07 / 2015

Transaction ID : SA11AI.8780

Amount of Each Receipt this Period
 450.00

B. Full Name (Last, First, Middle Initial)
Anita Alvarez

Mailing Address 11007 S Fairfield Ave

City Chicago State IL Zip Code 60655

FEC ID number of contributing federal political committee. **C**

Name of Employer Cook County Occupation State's Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 02 / 2015

Transaction ID : SA11AI.8882

Amount of Each Receipt this Period
 300.00

C. Full Name (Last, First, Middle Initial)
Nancy Anaschel

Mailing Address 647 North Harvey

City Oak Park State IL Zip Code 60302

FEC ID number of contributing federal political committee. **C**

Name of Employer Shedd Aquarium Occupation Human Resources

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 13 / 2015

Transaction ID : SA11AI.8358

Amount of Each Receipt this Period
 225.00

SUBTOTAL of Receipts This Page (optional).....

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

975.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 119
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Alexander Armour

Mailing Address 4604 N. Winchester

City State Zip Code
Chicago IL 60640

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
State of Illinois Policy and Program Coordinator

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 17 / 2015

Transaction ID : SA11AI.8344

Amount of Each Receipt this Period
 300.00

B. Full Name (Last, First, Middle Initial)
Lynne Baker

Mailing Address 565 Green Bay Road

City State Zip Code
Highland Park IL 60035

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
IL Student Assistance Program Communications Director

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 06 / 2015

Transaction ID : SA11AI.8734

Amount of Each Receipt this Period
 1500.00

C. Full Name (Last, First, Middle Initial)
Marcia Balonick

Mailing Address 367 Charal Lane

City State Zip Code
Highland Park IL 60035

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Joint Action Committee Executive Director

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 23 / 2015

Transaction ID : SA11AI.8614

Amount of Each Receipt this Period
 250.00

Conduit: Joint Affairs Committee PAC

SUBTOTAL of Receipts This Page (optional).....

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

2050.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 119
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. John Baricevic		Date of Receipt MM / DD / YYYY 05 / 16 / 2015
Mailing Address 107 W. Main Suite 1		Transaction ID : SA11AI.7595
City Bellvue	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Chatham & Baricevic	Occupation Lawyer	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

Full Name (Last, First, Middle Initial) B. Brian Bates		Date of Receipt MM / DD / YYYY 04 / 09 / 2015
Mailing Address 1225 W. Eddy Street		Transaction ID : SA11AI.7758
City Chicago	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer Morrison Foerster	Occupation Attorney	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) C. Ruth Belzer		Date of Receipt MM / DD / YYYY 04 / 22 / 2015
Mailing Address 93 Crescent Dr.		Transaction ID : SA11AI.8110
City Glencoe	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Retired	Occupation Retired	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional).....	3050.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 119
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Susan Berghoef		Date of Receipt MM / DD / YYYY 04 / 29 / 2015
Mailing Address 30 W. Oak Street Unit 3A		Transaction ID : SA11AI.8250
City Chicago	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
Name of Employer Self-employed	Occupation Attorney	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00	

Full Name (Last, First, Middle Initial) B. Leatrice H Berman-Sandler		Date of Receipt MM / DD / YYYY 06 / 30 / 2015
Mailing Address 859 Chalmers		Transaction ID : SA11AI.9611
City Chicago	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1050.00
Name of Employer Self-employed	Occupation Health Care Consulting	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1050.00	

Full Name (Last, First, Middle Initial) C. Nancy Berry		Date of Receipt MM / DD / YYYY 05 / 04 / 2015
Mailing Address 2031 N. Fremont Street		Transaction ID : SA11AI.8730
City Chicago	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 225.00
Name of Employer CBRF Inc.	Occupation CRE Broker	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 225.00	

SUBTOTAL of Receipts This Page (optional).....	2775.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 119
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Lieselotte Betterman		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 20 / 2015	
Mailing Address 1506 Willow Lane		Transaction ID : SA11AI.8286	
City Mt. Prospect	State IL	Zip Code 60056	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00	
Name of Employer Retired	Occupation Retired		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) B. Lieselotte Betterman		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 07 / 2015	
Mailing Address 1506 Willow Lane		Transaction ID : SA11AI.7581	
City Mt. Prospect	State IL	Zip Code 60056	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00	
Name of Employer Retired	Occupation Retired		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 550.00		

Full Name (Last, First, Middle Initial) C. Stella Black		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 10 / 2015	
Mailing Address 545 W. Aldine #2A		Transaction ID : SA11AI.9373	
City Chicago	State IL	Zip Code 60657	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 900.00	
Name of Employer Self-employed	Occupation Real Property Consultant		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 900.00		

SUBTOTAL of Receipts This Page (optional).....	1350.00
TOTAL This Period (last page this line number only).....	_____

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 119
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Margaret Blackshere

Mailing Address 811 East Central Road #558

City State Zip Code
Arlington Heights IL 60005

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 07 / 2015

Transaction ID : SA11AI.7562

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Nancie Blatt

Mailing Address 840 Audubon Way SV215

City State Zip Code
Lincolnshire IL 60069

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self-employed Community Volunteer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1575.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 28 / 2015

Transaction ID : SA11AI.8219

Amount of Each Receipt this Period
75.00

C. Full Name (Last, First, Middle Initial)
Nancie Blatt

Mailing Address 840 Audubon Way SV215

City State Zip Code
Lincolnshire IL 60069

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self-employed Community Volunteer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1650.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 04 / 2015

Transaction ID : SA11AI.8295

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional).....

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

450.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 119
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Patricia Blessman

Mailing Address 1211 S. Prairie Private #4301

City Chicago State IL Zip Code 60605

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation Psychologist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 12 / 2015

Transaction ID : SA11AI.8437

Amount of Each Receipt this Period
 300.00

B. Full Name (Last, First, Middle Initial)
Amy Bogost

Mailing Address 6203 S. Highlands Avenue

City Madison State WI Zip Code 53705

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 22 / 2015

Transaction ID : SA11AI.8830

Amount of Each Receipt this Period
 225.00

C. Full Name (Last, First, Middle Initial)
Bill Brandt

Mailing Address 1134 Sheridan Road

City Winnetka State IL Zip Code 60093

FEC ID number of contributing federal political committee. **C**

Name of Employer Development Specialists, Inc. Occupation Consultant

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 11 / 2015

Transaction ID : SA11AI.8586

Amount of Each Receipt this Period
 2700.00

SUBTOTAL of Receipts This Page (optional).....

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

3225.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 119
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) Bill Brandt		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 11 / 2015
Mailing Address 1134 Sheridan Road		Transaction ID : SA11AI.8790
City Winnetka	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Development Specialists, Inc.	Occupation Consultant	
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3000.00	

Full Name (Last, First, Middle Initial) Patrice Brandt		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 11 / 2015
Mailing Address 1134 Sheridan Road		Transaction ID : SA11AI.8630
City Winnetka	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00
Name of Employer Self-employed	Occupation Homemaker	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00	

Full Name (Last, First, Middle Initial) Patrice Brandt		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 11 / 2015
Mailing Address 1134 Sheridan Road		Transaction ID : SA11AI.8839
City Winnetka	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self-employed	Occupation Homemaker	
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3000.00	

SUBTOTAL of Receipts This Page (optional).....	3300.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 119
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Paddie Brennen		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 17 / 2015	
Mailing Address 370 Walnut		Transaction ID : SA11AI.8441	
City Winnetka	State IL	Zip Code 60093	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 300.00	
Name of Employer Retired	Occupation Retired		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		

Full Name (Last, First, Middle Initial) B. Leslie Burns		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 25 / 2015	
Mailing Address 1301 North Dearbon, Unit 1505		Transaction ID : SA11AI.8191	
City Chicago	State IL	Zip Code 60610	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 250.00	
Name of Employer Self-employed	Occupation Futures Trader		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) C. Linda Buyer		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 16 / 2015	
Mailing Address 3930 N. Pine Grove, #1441		Transaction ID : SA11AI.7927	
City Chicago	State IL	Zip Code 60613	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 150.00	
Name of Employer Governors State University	Occupation Professor		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

SUBTOTAL of Receipts This Page (optional).....	700.00
TOTAL This Period (last page this line number only).....	[Empty Box]

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 119
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Linda Buyer		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 29 / 2015	
Mailing Address 3930 N. Pine Grove, #1441		Transaction ID : SA11AI.8279	
City Chicago	State IL	Zip Code 60613	Amount of Each Receipt this Period _____ 75.00
FEC ID number of contributing federal political committee.		C	
Name of Employer Governors State University	Occupation Professor		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 325.00		

Full Name (Last, First, Middle Initial) B. Linda Buyer		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 24 / 2015	
Mailing Address 3930 N. Pine Grove, #1441		Transaction ID : SA11AI.9569	
City Chicago	State IL	Zip Code 60613	Amount of Each Receipt this Period _____ 100.00
FEC ID number of contributing federal political committee.		C	
Name of Employer Governors State University	Occupation Professor		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 425.00		

Full Name (Last, First, Middle Initial) C. Joe Carlasare		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 17 / 2015	
Mailing Address 150 N. Michigan Avenue		Transaction ID : SA11AI.7441	
City Chicago	State IL	Zip Code 60601	Amount of Each Receipt this Period _____ 300.00
FEC ID number of contributing federal political committee.		C	
Name of Employer SmithAmundsen	Occupation Associate		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 300.00		

SUBTOTAL of Receipts This Page (optional).....	_____ 475.00
TOTAL This Period (last page this line number only).....	_____

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: (check only one)
 11a 12 11b 13a 11c 13b 11d 14 15
 PAGE 15 OF 119

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Colleen Chinlund

Mailing Address 120 South Ravenswood

City Chicago State IL Zip Code 60606

FEC ID number of contributing federal political committee. **C**

Name of Employer Arristen and Lehrer Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 17 / 2015

Transaction ID : SA11AI.8806

Amount of Each Receipt this Period
 300.00

B. Full Name (Last, First, Middle Initial)
Fay Clayton

Mailing Address 1044 Lake Shore Blvd.

City Evanston State IL Zip Code 60202

FEC ID number of contributing federal political committee. **C**

Name of Employer Robinson Curley & Clayton Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 16 / 2015

Transaction ID : SA11AI.7911

Amount of Each Receipt this Period
 300.00

C. Full Name (Last, First, Middle Initial)
Christopher Collins

Mailing Address 5412 N. Glenwood, Unit 2

City Chicago State IL Zip Code 60640

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 16 / 2015

Transaction ID : SA11AI.8939

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....

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

1100.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 16 OF 119
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Doris Conant

Mailing Address 7346 Green Acres

City State Zip Code
Glenview IL 60025

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 18 / 2015

Transaction ID : SA11AI.7976

Amount of Each Receipt this Period
1200.00

B. Full Name (Last, First, Middle Initial)
E. Renae Conley

Mailing Address 108 N. Drew Court

City State Zip Code
Palatine IL 60067

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PNM Resources Director

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 05 / 2015

Transaction ID : SA11AI.8618

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Gary Cozette

Mailing Address 434 W. Aldine Ave., #3-A

City State Zip Code
Chicago IL 60657

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Chicago Religious Leadership Director

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 06 / 2015

Transaction ID : SA11AI.7621

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....

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

1950.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 119
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Lynn Cutler

Mailing Address 131 S. Dearborn Street

City Chicago State IL Zip Code 60603

FEC ID number of contributing federal political committee. **C**

Name of Employer Holland and Knight Occupation Senior Policy Advisor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 16 / 2015

Transaction ID : SA11AI.9496

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Jean de St. Aubin

Mailing Address 9509 Avers Avenue

City Evanston State IL Zip Code 60203

FEC ID number of contributing federal political committee. **C**

Name of Employer Gene Siskel Film Center Occupation Executive Director

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 28 / 2015

Transaction ID : SA11AI.8237

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Kathleen M. Devine

Mailing Address 3139 W. School

City Chicago State IL Zip Code 60618

FEC ID number of contributing federal political committee. **C**

Name of Employer My Care Chicago Occupation Executive Director

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 04 / 2015

Transaction ID : SA11AI.8804

Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional).....

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

800.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: (check only one)
 11a 12 11b 13a 11c 13b 11d 14 15
 PAGE 18 OF 119

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Nishant Dittakavi

Mailing Address 5217 S University Ave.

City Chicago State IL Zip Code 60615

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation Consultant

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 17 / 2015

Transaction ID : SA11AI.8818

Amount of Each Receipt this Period
 300.00

B. Full Name (Last, First, Middle Initial)
Jodi Doane

Mailing Address 4758 S. King Drive #4

City Chicago State IL Zip Code 60615

FEC ID number of contributing federal political committee. **C**

Name of Employer Parents Anonymous Occupation Social Worker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 27 / 2015

Transaction ID : SA11AI.8198

Amount of Each Receipt this Period
 75.00

C. Full Name (Last, First, Middle Initial)
Elena Duarte

Mailing Address 6634 N. Kimball Avenue

City Lincolnwood State IL Zip Code 60712

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 05 / 2015

Transaction ID : SA11AI.8706

Amount of Each Receipt this Period
 1500.00

SUBTOTAL of Receipts This Page (optional).....

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

1875.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 19 OF 119
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Elena Duarte

Mailing Address 6634 N. Kimball Avenue

City Lincolnwood State IL Zip Code 60712

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 22 / 2015

Transaction ID : SA11A1.8715

Amount of Each Receipt this Period
 150.00

Amount of Each Receipt this Period
 1650.00

B. Full Name (Last, First, Middle Initial)
Susan Duman

Mailing Address 118 East Erie Unit # 22A

City Chicago State IL Zip Code 60611

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 08 / 2015

Transaction ID : SA11A1.7738

Amount of Each Receipt this Period
 150.00

Amount of Each Receipt this Period
 650.00

C. Full Name (Last, First, Middle Initial)
Katelynd Duncan

Mailing Address 6697 Revere Court

City Gurnee State IL Zip Code 60031

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation Consultant

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 02 / 2015

Transaction ID : SA11A1.7515

Amount of Each Receipt this Period
 1175.00

Amount of Each Receipt this Period
 1175.00

SUBTOTAL of Receipts This Page (optional).....

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

1475.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 20 OF 119
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Stefan Edlis

Mailing Address 175 East Delaware

City Chicago State IL Zip Code 60611

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 12 / 2015

Transaction ID : SA11AI.7781

Amount of Each Receipt this Period
 2700.00

B. Full Name (Last, First, Middle Initial)
Sharon Eiseman

Mailing Address 4236 N. Ashland Avenue #1

City Chicago State IL Zip Code 60613

FEC ID number of contributing federal political committee. **C**

Name of Employer State of Illinois Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 18 / 2015

Transaction ID : SA11AI.8000

Amount of Each Receipt this Period
 1500.00

C. Full Name (Last, First, Middle Initial)
Steve Elrod

Mailing Address 131 S. Dearborn, 30th Floor

City Chicago State IL Zip Code 60603

FEC ID number of contributing federal political committee. **C**

Name of Employer Holland & Knight LLP Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 14 / 2015

Transaction ID : SA11AI.7888

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....

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

4450.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 119
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Barbara Engel		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 23 / 2015
Mailing Address 5413 S. Blackstone Avenue		Transaction ID : SA11AI.8292
City Chicago	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self-employed	Occupation Community Activist	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) B. Deborah Epstein		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 04 / 2015
Mailing Address 4731 South Ellis #3		Transaction ID : SA11AI.8768
City Chicago	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Self-employed	Occupation Consultant	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

Full Name (Last, First, Middle Initial) C. Sandra Eskin		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 07 / 2015
Mailing Address 1000 W. Washington Blvd., #434		Transaction ID : SA11AI.8537
City Chicago	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
Name of Employer Self-employed	Occupation Homemaker	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00	

SUBTOTAL of Receipts This Page (optional).....	1900.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 119
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Anne Evans		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 14 / 2015
Mailing Address 986 Jeannette Avenue		Transaction ID : SA11AI.7847
City Des Plaines	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Retired	Occupation Retired	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

Full Name (Last, First, Middle Initial) B. Aviva Futorian		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 05 / 2015
Mailing Address 2440 N. Lakeview Avenue		Transaction ID : SA11AI.8772
City Chicago	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer Self-employed	Occupation Attorney	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 750.00	

Full Name (Last, First, Middle Initial) C. Robyn Gabel		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 08 / 2015
Mailing Address 905 Forest #1N		Transaction ID : SA11AI.8354
City Evanston	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer State of Illinois	Occupation State Representative	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

SUBTOTAL of Receipts This Page (optional).....	1350.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 119
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Ram Gajjela

Mailing Address 8982 Coppergate Road

City Woodridge State IL Zip Code 60517

FEC ID number of contributing federal political committee. **C**

Name of Employer Healthcenter-DBB Occupation Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 17 / 2015

Transaction ID : SA11AI.7636

Amount of Each Receipt this Period
 1500.00

B. Full Name (Last, First, Middle Initial)
Mary Gallagher

Mailing Address 2421 W. Ardmore Avenue #2

City Chicago State IL Zip Code 60659

FEC ID number of contributing federal political committee. **C**

Name of Employer Chicago Fed of Labor Workers Occupation Executive Director WAC

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 02 / 2015

Transaction ID : SA11AI.7300

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
Marilyn Garcia

Mailing Address 1039 Fisher Lane

City Winnetka State IL Zip Code 60093

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 23 / 2015

Transaction ID : SA11AI.8157

Amount of Each Receipt this Period
 150.00

SUBTOTAL of Receipts This Page (optional).....

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

2150.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 24 OF 119
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Lauren Beth Gash

Mailing Address 1345 Forest Avenue

City Highland Park State IL Zip Code 60035

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 14 / 2015

Transaction ID : SA11AI.7833

Amount of Each Receipt this Period
 225.00

B. Full Name (Last, First, Middle Initial)
Judith Gelman

Mailing Address 6665 MacArthur Blvd

City Bethesda State MD Zip Code 20816

FEC ID number of contributing federal political committee. **C**

Name of Employer Salop Economics Inc Occupation Economist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 07 / 2015

Transaction ID : SA11AI.8303

Amount of Each Receipt this Period
 250.00

Conduit: Bend the Arc Jewish PAC

C. Full Name (Last, First, Middle Initial)
Cynthia Giacchetti

Mailing Address 1829 N. Howe

City Chicago State IL Zip Code 60614

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 28 / 2015

Transaction ID : SA11AI.8214

Amount of Each Receipt this Period
 1500.00

SUBTOTAL of Receipts This Page (optional).....

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

1975.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 119
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Susan Gillette

Mailing Address 936 Fisher Lane

City Winnetka State IL Zip Code 60093

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 01 / 2015

Transaction ID : SA11AI.8533

Amount of Each Receipt this Period
 750.00

B. Full Name (Last, First, Middle Initial)
Wendy Glasshof

Mailing Address 1441 E. Lake Louise Drive

City Palatine State IL Zip Code 60074

FEC ID number of contributing federal political committee. **C**

Name of Employer Not Employed Occupation None

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 08 / 2015

Transaction ID : SA11AI.7748

Amount of Each Receipt this Period
 225.00

C. Full Name (Last, First, Middle Initial)
Kelly Glynn

Mailing Address 23360 Mallard Court

City Deer Park State IL Zip Code 60010

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation Consultant

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 17 / 2015

Transaction ID : SA11AI.8411

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....

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

1225.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 119
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) Roberta Goldberg		Date of Receipt MM / DD / YYYY 05 / 26 / 2015
Mailing Address 1580 Ashbury Avenue		Transaction ID : SA11AI.8570
City Winnetka	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self-employed	Occupation Homemaker	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) David Golder		Date of Receipt MM / DD / YYYY 06 / 29 / 2015
Mailing Address 254 Scott Avenue		Transaction ID : SA11AI.9596
City Winnetka	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Golder Investment Management LLC	Occupation Financial Manager	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) Elizabeth L. Gracie		Date of Receipt MM / DD / YYYY 05 / 22 / 2015
Mailing Address 30 N. LaSalle Suite 4100		Transaction ID : SA11AI.7617
City Oak Park	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00
Name of Employer O'Keefe Lyons Hynes	Occupation Attorney	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00	

SUBTOTAL of Receipts This Page (optional).....	3450.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 119
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Lee Greenhouse

Mailing Address 2305 N. Commonwealth Avenue

City Chicago State IL Zip Code 60614

FEC ID number of contributing federal political committee. **C**

Name of Employer Greenhouse Associates Occupation Consultant

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 21 / 2015

Transaction ID : SA11AI.8071

Amount of Each Receipt this Period
 300.00

Conduit: J Street PAC

B. Full Name (Last, First, Middle Initial)
Ron Guild

Mailing Address 3121 North Sheridan #703

City Chicago State IL Zip Code 60657

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 18 / 2015

Transaction ID : SA11AI.7982

Amount of Each Receipt this Period
 1500.00

C. Full Name (Last, First, Middle Initial)
Marj Halperin

Mailing Address 2853 West Wilson

City Chicago State IL Zip Code 60625

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation Consultant

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 17 / 2015

Transaction ID : SA11AI.8375

Amount of Each Receipt this Period
 450.00

SUBTOTAL of Receipts This Page (optional).....

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

2250.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 28 OF 119
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Julie E Hamos

Mailing Address 1008 Central Avenue

City State Zip Code
Wilmette IL 60091

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 20 / 2015

Transaction ID : SA11AI.8031

Amount of Each Receipt this Period
 1500.00

B. Full Name (Last, First, Middle Initial)
Anjana Hansen

Mailing Address 2017 Seward Street

City State Zip Code
Evanston IL 60202

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self-employed Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 08 / 2015

Transaction ID : SA11AI.8379

Amount of Each Receipt this Period
 1500.00

C. Full Name (Last, First, Middle Initial)
Phyllis Harrell

Mailing Address 509 Barrington Court

City State Zip Code
University Park IL 60484

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Alliance for Community Peace Chief Operating Officer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 06 / 2015

Transaction ID : SA11AI.8640

Amount of Each Receipt this Period
 225.00

SUBTOTAL of Receipts This Page (optional).....

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

3225.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 119
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Grace Hou-Ovnik		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 11 / 2015
Mailing Address 422 Malden Ave.		Transaction ID : SA11AI.8719
City LaGrange Park	State IL	
Zip Code 60526	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 225.00
Name of Employer IL Dept of Human Services	Occupation Assistant Secretary	Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Election Cycle-to-Date 225.00		

B. Full Name (Last, First, Middle Initial) Patricia Howse		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 16 / 2015
Mailing Address 1732 South Indiana		Transaction ID : SA11AI.8681
City Chicago	State IL	
Zip Code 60616	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 750.00
Name of Employer Self-employed	Occupation Homemaker	Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Election Cycle-to-Date 750.00		

C. Full Name (Last, First, Middle Initial) Karen Hunt		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 23 / 2015
Mailing Address 1111 Lake Street		Transaction ID : SA11AI.8148
City Evanston	State IL	
Zip Code 60201	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00
Name of Employer Frist Bank and Trust	Occupation Commercial Lending	Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Election Cycle-to-Date 300.00		

SUBTOTAL of Receipts This Page (optional).....	1275.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 119
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Oren Jacobson

Mailing Address 701 West Jackson #407G

City Chicago State IL Zip Code 60661

FEC ID number of contributing federal political committee. **C**

Name of Employer Kubo Occupation COO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 20 / 2015

Transaction ID : SA11AI.8547

Amount of Each Receipt this Period
 300.00

B. Full Name (Last, First, Middle Initial)
Cheryl Jefferson

Mailing Address 531 South Plymouth Court #205

City Chicago State IL Zip Code 60605

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation Author and Activist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 23 / 2015

Transaction ID : SA11AI.8476

Amount of Each Receipt this Period
 375.00

C. Full Name (Last, First, Middle Initial)
Cheryl Jefferson

Mailing Address 531 South Plymouth Court #205

City Chicago State IL Zip Code 60605

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation Author and Activist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 16 / 2015

Transaction ID : SA11AI.7681

Amount of Each Receipt this Period
 70.00

SUBTOTAL of Receipts This Page (optional).....

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

745.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 119
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Frances Johns

Mailing Address 3400 N. Lake Shore Drive #4D

City Chicago State IL Zip Code 60657

FEC ID number of contributing federal political committee. **C**

Name of Employer Insight Consulting Occupation Consultant

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 04 / 2015

Transaction ID : SA11AI.8659

Amount of Each Receipt this Period
 300.00

B. Full Name (Last, First, Middle Initial)
Frances Johns

Mailing Address 3400 N. Lake Shore Drive #4D

City Chicago State IL Zip Code 60657

FEC ID number of contributing federal political committee. **C**

Name of Employer Insight Consulting Occupation Consultant

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 01 / 2015

Transaction ID : SA11AI.8975

Amount of Each Receipt this Period
 150.00

C. Full Name (Last, First, Middle Initial)
Christopher Johnsen

Mailing Address 525 W. Hawthorne Pl. #2303

City Chicago State IL Zip Code 60657

FEC ID number of contributing federal political committee. **C**

Name of Employer Johnsen and Buchanan Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 02 / 2015

Transaction ID : SA11AI.8971

Amount of Each Receipt this Period
 1350.00

SUBTOTAL of Receipts This Page (optional).....

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

1800.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 32 OF 119
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mary Ellen Johnson

Mailing Address 1040 Fifth Avenue, Apt. 5A

City State Zip Code
New York NY 10028

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 07 2015

Transaction ID : SA11AI.8736

Amount of Each Receipt this Period
 300.00

B. Full Name (Last, First, Middle Initial)
Diana Joseph

Mailing Address 1 Hickory Lane

City State Zip Code
Barrington Hills IL 60010

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Barrington Strategic Wealth Management Managing Director and CIO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 06 2015

Transaction ID : SA11AI.8607

Amount of Each Receipt this Period
 1500.00

C. Full Name (Last, First, Middle Initial)
Ann Kalayil

Mailing Address 6701 West Arthur

City State Zip Code
Lincolnwood IL 60712

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
GSA Regional Administrator

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 02 2015

Transaction ID : SA11AI.8580

Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional).....

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

2100.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 33 OF 119
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
John Kamis

Mailing Address 180 North LaSalle Street #2640

City State Zip Code
Chicago IL 60601

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Carpenter Lipps Leland Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
225.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 13 / 2015

Transaction ID : SA11AI.8704

Amount of Each Receipt this Period
225.00

B. Full Name (Last, First, Middle Initial)
Donna Kapche

Mailing Address 111 E. Chestnut Street, #20K

City State Zip Code
Chicago IL 60611

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 22 / 2015

Transaction ID : SA11AI.8105

Amount of Each Receipt this Period
150.00

C. Full Name (Last, First, Middle Initial)
Lynn Karner

Mailing Address 353 Getchell Ave.

City State Zip Code
Grayslake IL 60030

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
IL Pipe Trade Association Executive Director

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 07 / 2015

Transaction ID : SA11AI.8431

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional).....

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

675.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 119
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Kelly Anne Keeler Valvanico		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 23 / 2015	
Mailing Address 130 S. Canal Street #9M		Transaction ID : SA11AI.8459	
City State Zip Code Chicago IL 60606	Amount of Each Receipt this Period 225.00		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation Self-employed Consultant		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 225.00		

Full Name (Last, First, Middle Initial) B. Colleen Kelly		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 19 / 2015	
Mailing Address 1578 Dewey Ave		Transaction ID : SA11AI.8745	
City State Zip Code Evanston IL 60201	Amount of Each Receipt this Period 600.00		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation District 65 Teacher		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 600.00		

Full Name (Last, First, Middle Initial) C. Miriam Kelm		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 08 / 2015	
Mailing Address 1251 St. John's Avenue		Transaction ID : SA11AI.7740	
City State Zip Code Highland Park IL 60035	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation Retired Retired		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		

SUBTOTAL of Receipts This Page (optional).....	1125.00
TOTAL This Period (last page this line number only).....	[Empty Box]

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 35 OF 119
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Christopher Kendall

Mailing Address 900 South Harvard

City Palatine State IL Zip Code 60067

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 16 / 2015

Transaction ID : SA11AI.7918

Amount of Each Receipt this Period
 450.00

B. Full Name (Last, First, Middle Initial)
Judy Klutznick

Mailing Address 1260 N. Astor

City Chicago State IL Zip Code 60610

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 16 / 2015

Transaction ID : SA11AI.7964

Amount of Each Receipt this Period
 2700.00

Conduit: J Street PAC

C. Full Name (Last, First, Middle Initial)
Patricia Koldyke

Mailing Address 1500 N Lake Shore Dr., Apt 9A

City Chicago State IL Zip Code 60610

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 14 / 2015

Transaction ID : SA11AI.7886

Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional).....

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

3450.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 119
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Stacia Kopplin

Mailing Address 3933 Grand Avenue

City State Zip Code
Western Springs IL 60558

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self-employed Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 02 / 2015

Transaction ID : SA11AI.7344

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Deana LaBrosse

Mailing Address 1925 Warren Street

City State Zip Code
Evanston IL 60202

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Eye Solutions PC Optometrist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
225.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 11 / 2015

Transaction ID : SA11AI.8558

Amount of Each Receipt this Period
225.00

C. Full Name (Last, First, Middle Initial)
Lakshmi Lakshmanan

Mailing Address 1133 Ashland Road, #604

City State Zip Code
Columbia MO 65201

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self-employed Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 19 / 2015

Transaction ID : SA11AI.8541

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional).....

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

825.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 119
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Andrea Lamm

Mailing Address 2527 Live Oak Lane

City Buffalo Grove State IL Zip Code 60089

FEC ID number of contributing federal political committee. **C**

Name of Employer Skin180 LLC Occupation Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 18 / 2015

Transaction ID : SA11AI.7975

Amount of Each Receipt this Period
150.00

B. Full Name (Last, First, Middle Initial)
Janine Landow-Esser

Mailing Address 811 West Junior Terrace

City Chicago State IL Zip Code 60613

FEC ID number of contributing federal political committee. **C**

Name of Employer Quarles and Brady Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 08 / 2015

Transaction ID : SA11AI.8401

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Mary Pat Lawrence

Mailing Address 2775 Sanders Road, Suite A 2W

City Northbrook State IL Zip Code 60062

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Vice President, Assistant General Coun

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 02 / 2015

Transaction ID : SA11AI.9426

Amount of Each Receipt this Period
1500.00

SUBTOTAL of Receipts This Page (optional).....

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

1950.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 38 OF 119
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Carolyn Levin

Mailing Address 425 Davis Street Apt. 825

City State Zip Code
Evanston IL 60201

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 16 / 2015

Transaction ID : SA11AI.7912

Amount of Each Receipt this Period
150.00

B. Full Name (Last, First, Middle Initial)
Daniel Levin

Mailing Address 240 Locust

City State Zip Code
Winnetka IL 60093

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
The Habitat Company Chairman

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 14 / 2015

Transaction ID : SA11AI.7845

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
Daniel Levin

Mailing Address 240 Locust

City State Zip Code
Winnetka IL 60093

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
The Habitat Company Chairman

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 14 / 2015

Transaction ID : SA11AI.7877

Amount of Each Receipt this Period
2700.00

SUBTOTAL of Receipts This Page (optional).....

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

5550.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 39 OF 119
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Fay Hartog Levin

Mailing Address 240 Locust Road

City State Zip Code
Winnetka IL 60093

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 14 / 2015

Transaction ID : SA11AI.7825

Amount of Each Receipt this Period
2400.00

B. Full Name (Last, First, Middle Initial)
Fay Hartog Levin

Mailing Address 240 Locust Road

City State Zip Code
Winnetka IL 60093

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 14 / 2015

Transaction ID : SA11AI.7862

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
Fay Hartog Levin

Mailing Address 240 Locust Road

City State Zip Code
Winnetka IL 60093

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 14 / 2015

Transaction ID : SA11AI.7884

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional).....

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

5400.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 119
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Astri Lindberg

Mailing Address 2896 Sheridan Place

City State Zip Code
Evanston IL 60201

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 18 / 2015

Transaction ID : SA11AI.7985

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Astri Lindberg

Mailing Address 2896 Sheridan Place

City State Zip Code
Evanston IL 60201

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1750.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 17 / 2015

Transaction ID : SA11AI.8612

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Susan Locke

Mailing Address 7442 N. Hoyne #1W

City State Zip Code
Chicago IL 60645

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
State of Illinois Project Director

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 21 / 2015

Transaction ID : SA11AI.8868

Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional).....

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

1150.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 119
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Susan Manilow

Mailing Address 65 East Goethe Street

City Chicago State IL Zip Code 60610

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation Philanthropist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 17 / 2015

Transaction ID : SA11AI.7966

Amount of Each Receipt this Period
 2600.00

B. Full Name (Last, First, Middle Initial)
Dean Maragos

Mailing Address 230 Church Road

City Winnetka State IL Zip Code 60093

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 22 / 2015

Transaction ID : SA11AI.8677

Amount of Each Receipt this Period
 1500.00

C. Full Name (Last, First, Middle Initial)
Sandra Gruba McCallister

Mailing Address 315 Root Street

City Park Ridge State IL Zip Code 60068

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation Disability Advocate

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 16 / 2015

Transaction ID : SA11AI.9510

Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional).....

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

4400.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: (check only one)
 11a 12 11b 13a 11c 13b 11d 14 15
 PAGE 42 OF 119

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
James McCarthy

Mailing Address 8111 Keeler

City State Zip Code
 Skokie IL 60076

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Village of Skokie Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 04 / 2015

Transaction ID : SA11AI.8611

Amount of Each Receipt this Period
 300.00

B. Full Name (Last, First, Middle Initial)
Brad McLaughlin

Mailing Address 518 West Surf #1

City State Zip Code
 Chicago IL 60657

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Oral Health America Director of Development

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 225.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 11 / 2015

Transaction ID : SA11AI.8739

Amount of Each Receipt this Period
 150.00

C. Full Name (Last, First, Middle Initial)
Stephanie Messner

Mailing Address 137 Herrick Road

City State Zip Code
 Riverside IL 60546

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Illinois College of Optometry Optometrist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 12 / 2015

Transaction ID : SA11AI.7601

Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional).....

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

750.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 119
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) Martha Mills		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 22 / 2015
Mailing Address 5415 N. Sheridan Road #2811		Transaction ID : SA11AI.8619
City Chicago	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Retired	Occupation Retired	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1650.00	

Full Name (Last, First, Middle Initial) Judson Miner		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 05 / 2015
Mailing Address 850 Chalmers Place		Transaction ID : SA11AI.8445
City Chicago	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Miner, Barnhill & Galland	Occupation Attorney	Conduit: J Street PAC
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

Full Name (Last, First, Middle Initial) Dennis Mondero		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 13 / 2015
Mailing Address 2303 W. Wabansia Avenue		Transaction ID : SA11AI.8327
City Chicago	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer CTA	Occupation Senior Vice President	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 750.00	

SUBTOTAL of Receipts This Page (optional).....	1200.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 44 OF 119
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Catherine Moran

Mailing Address 4713 N. LaPorte

City Chicago State IL Zip Code 60630

FEC ID number of contributing federal political committee. **C**

Name of Employer SAP Occupation Global Software Co.

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 12 / 2015

Transaction ID : SA11AI.7772

Amount of Each Receipt this Period
 2700.00

B. Full Name (Last, First, Middle Initial)
Catherine Moran

Mailing Address 4713 N. LaPorte

City Chicago State IL Zip Code 60630

FEC ID number of contributing federal political committee. **C**

Name of Employer SAP Occupation Global Software Co.

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 12 / 2015

Transaction ID : SA11AI.7775

Amount of Each Receipt this Period
 3000.00

C. Full Name (Last, First, Middle Initial)
Gail H Morse

Mailing Address 3739 N. Wilton Ave. #2

City Chicago State IL Zip Code 60613

FEC ID number of contributing federal political committee. **C**

Name of Employer Jenner & Block Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 22 / 2015

Transaction ID : SA11AI.8429

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....

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

4000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 119
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Gail H Morse

Mailing Address 3739 N. Wilton Ave. #2

City Chicago State IL Zip Code 60613

FEC ID number of contributing federal political committee. **C**

Name of Employer Jenner & Block Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 22 / 2015

Transaction ID : SA11AI.8511

Amount of Each Receipt this Period
 1700.00

2700.00

B. Full Name (Last, First, Middle Initial)
Sarah Murphy

Mailing Address 1302 W. Monroe Street

City Chicago State IL Zip Code 60607

FEC ID number of contributing federal political committee. **C**

Name of Employer Valence Health Occupation Director

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 07 / 2015

Transaction ID : SA11AI.7717

Amount of Each Receipt this Period
 150.00

225.00

C. Full Name (Last, First, Middle Initial)
Sandra Mysko

Mailing Address 2308 Maple Avenue

City Northbrook State IL Zip Code 60602

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 01 / 2015

Transaction ID : SA11AI.8479

Amount of Each Receipt this Period
 300.00

300.00

SUBTOTAL of Receipts This Page (optional).....

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

2150.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 119
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
David Namkung

Mailing Address 3808 N. Lakewood Avenue

City Chicago State IL Zip Code 60613

FEC ID number of contributing federal political committee. **C**

Name of Employer Clarity Partners Occupation Non-profit Consultant

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 07 / 2015

Transaction ID : SA11AI.8560

Amount of Each Receipt this Period
 1500.00

B. Full Name (Last, First, Middle Initial)
Adele Neems

Mailing Address 175 E. Delaware Pl., #7004

City Chicago State IL Zip Code 60611

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 22 / 2015

Transaction ID : SA11AI.8128

Amount of Each Receipt this Period
 225.00

C. Full Name (Last, First, Middle Initial)
Elaine Nekritz

Mailing Address 3 The Court of Island Point

City Northbrook State IL Zip Code 60062

FEC ID number of contributing federal political committee. **C**

Name of Employer State of Illinois Occupation State Representative

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 16 / 2015

Transaction ID : SA11AI.7945

Amount of Each Receipt this Period
 1500.00

SUBTOTAL of Receipts This Page (optional).....

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

3225.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 47 OF 119
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Charlotte A. Newberger

Mailing Address 3240 Lake Shore Drive #13A

City Chicago State IL Zip Code 60657

FEC ID number of contributing federal political committee. **C**

Name of Employer Rubaloff Occupation Real Estate Broker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 02 / 2015

Transaction ID : SA11AI.9490

Amount of Each Receipt this Period
 1500.00

B. Full Name (Last, First, Middle Initial)
Carrie Newton

Mailing Address 1828 N. Larrabee

City Chicago State IL Zip Code 60614

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation Consultant/Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : SA11AI.9609

Amount of Each Receipt this Period
 300.00

C. Full Name (Last, First, Middle Initial)
Julia Nowicki

Mailing Address 455 W. Oakdale #3

City Chicago State IL Zip Code 60657

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 24 / 2015

Transaction ID : SA11AI.9568

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....

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

2300.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 48 OF 119
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Catherine O'Malley

Mailing Address 2903 N.Wolcott Avenue, Unit B

City Chicago State IL Zip Code 60657

FEC ID number of contributing federal political committee. **C**

Name of Employer KO Strategies Occupation Executive Director

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 12 / 2015

Transaction ID : SA11AI.8665

Amount of Each Receipt this Period
 900.00

B. Full Name (Last, First, Middle Initial)
Judith Obeymayer

Mailing Address 239 Chestnut St

City West Newton State MA Zip Code 02465

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 07 / 2015

Transaction ID : SA11AI.9646

Amount of Each Receipt this Period
 500.00

Conduit: Bend the Arc Jewish PAC

C. Full Name (Last, First, Middle Initial)
Harrison Oh

Mailing Address 2935 Keystone Road

City Northbrook State IL Zip Code 60062

FEC ID number of contributing federal political committee. **C**

Name of Employer Global Network Solutions Occupation Chairman

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 14 / 2015

Transaction ID : SA11AI.7817

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....

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

2400.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 119
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Inez Okrent

Mailing Address 1212 Austin

City State Zip Code
Evanston IL 60202

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Washington School District 65 Art Teacher

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 12 / 2015

Transaction ID : SA11AI.7787

Amount of Each Receipt this Period
1500.00

B. Full Name (Last, First, Middle Initial)
Kristie Paskvan

Mailing Address 55 E. Erie Street

City State Zip Code
Chicago IL 60611

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Stein & Company Vice President Financial Services

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 12 / 2015

Transaction ID : SA11AI.8299

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Barbara Popovic

Mailing Address 128 South Greenwood

City State Zip Code
Park Ridge IL 60068

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CAN TV Executive Director

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
225.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 21 / 2015

Transaction ID : SA11AI.8060

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional).....

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

1825.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 119
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Toni Preckwinkle

Mailing Address 4659 S. Cottage Grove #205

City Chicago State IL Zip Code 60653

FEC ID number of contributing federal political committee. **C**

Name of Employer Cook County Board Occupation President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 16 / 2015

Transaction ID : SA11AI.7955

Amount of Each Receipt this Period
 300.00

B. Full Name (Last, First, Middle Initial)
Toni Preckwinkle

Mailing Address 4659 S. Cottage Grove #205

City Chicago State IL Zip Code 60653

FEC ID number of contributing federal political committee. **C**

Name of Employer Cook County Board Occupation President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 04 / 2015

Transaction ID : SA11AI.8844

Amount of Each Receipt this Period
 300.00

C. Full Name (Last, First, Middle Initial)
Sima Quraishi

Mailing Address 4001 Suffield Court

City Shoreline State IL Zip Code 60076

FEC ID number of contributing federal political committee. **C**

Name of Employer Muslim Women Resource Center Occupation Founder

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 23 / 2015

Transaction ID : SA11AI.8650

Amount of Each Receipt this Period
 450.00

SUBTOTAL of Receipts This Page (optional).....

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

1050.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 119
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Roberta Rakove		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 04 / 2015	
Mailing Address 608 Asbury #2		Transaction ID : SA11AI.8525	
City Evanston	State IL	Zip Code 60202	Amount of Each Receipt this Period _____ 900.00
FEC ID number of contributing federal political committee.		C	
Name of Employer Siani Health Systems	Occupation Vice President Govt Affairs		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 900.00		

Full Name (Last, First, Middle Initial) B. Hedy Ratner		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 29 / 2015	
Mailing Address 8 S. Michigan #400		Transaction ID : SA11AI.8861	
City Chicago	State IL	Zip Code 60603	Amount of Each Receipt this Period _____ 100.00
FEC ID number of contributing federal political committee.		C	
Name of Employer Women's Business Development Center	Occupation Executive Director		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 600.00		

Full Name (Last, First, Middle Initial) C. Mark Ratner		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 24 / 2015	
Mailing Address 615 Greenleaf Avenue		Transaction ID : SA11AI.9565	
City Glencoe	State IL	Zip Code 60022	Amount of Each Receipt this Period _____ 250.00
FEC ID number of contributing federal political committee.		C	
Name of Employer Northwestern University	Occupation Professor		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 250.00		

SUBTOTAL of Receipts This Page (optional).....	_____ 1250.00
TOTAL This Period (last page this line number only).....	_____

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 52 OF 119
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Gwenn Rausch

Mailing Address 1710 N. Clark, #1729

City Chicago State IL Zip Code 60614

FEC ID number of contributing federal political committee. **C**

Name of Employer Heartland Health Centers Occupation CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 20 / 2015

Transaction ID : SA11AI.8039

Amount of Each Receipt this Period
 495.00

B. Full Name (Last, First, Middle Initial)
Andrea Reich

Mailing Address 1 Hickory Lane

City Northbrook State IL Zip Code 60062

FEC ID number of contributing federal political committee. **C**

Name of Employer Evanston Northwestern Occupation Registered Nurse

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 18 / 2015

Transaction ID : SA11AI.7992

Amount of Each Receipt this Period
 150.00

C. Full Name (Last, First, Middle Initial)
Laura Ricketts

Mailing Address 1615 W. Rosehill Drive

City Chicago State IL Zip Code 60660

FEC ID number of contributing federal political committee. **C**

Name of Employer Ecotravel LLC Occupation Executive

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 19 / 2015

Transaction ID : SA11AI.8539

Amount of Each Receipt this Period
 1500.00

SUBTOTAL of Receipts This Page (optional).....

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

2145.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 119
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Trude Roselle		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 14 / 2015	
Mailing Address 484 Rockefeller Road		Transaction ID : SA11AI.7851	
City Lake Forest	State IL	Zip Code 60045	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00	
Name of Employer Self-employed	Occupation Volunteer		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		

Full Name (Last, First, Middle Initial) B. Adrienne Rotfeld		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 14 / 2015	
Mailing Address 1717 South Prairie Unit 1205		Transaction ID : SA11AI.7831	
City Chicago	State IL	Zip Code 60616	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00	
Name of Employer Staples	Occupation Director, Global Sales		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		

Full Name (Last, First, Middle Initial) C. Gregory Rothman		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 16 / 2015	
Mailing Address 542 W. Deming Place		Transaction ID : SA11AI.7947	
City Chicago	State IL	Zip Code 60614	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00	
Name of Employer Namtor	Occupation Consultant		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00		

SUBTOTAL of Receipts This Page (optional).....	3300.00
TOTAL This Period (last page this line number only).....	3300.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 54 OF 119
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Heidi Rudolph

Mailing Address 4548 Woodland Avenue

City State Zip Code
Western Springs IL 60558

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Aegis Advantage Consulting Senior Vice President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
225.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 02 / 2015

Transaction ID : SA11AI.8927

Amount of Each Receipt this Period
225.00

B. Full Name (Last, First, Middle Initial)
Sally Rudolph

Mailing Address 1918 Owens Drive

City State Zip Code
Bloomington IL 61701

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 04 / 2015

Transaction ID : SA11AI.8568

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Michelle Schwartz

Mailing Address 3205 Greenleaf

City State Zip Code
Wilmette IL 60091

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Clearbrook Human Resources

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 09 / 2015

Transaction ID : SA11AI.7613

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional).....

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

825.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 55 OF 119
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Annette Seaberg

Mailing Address 225 West Wacker #1400

City Chicago State IL Zip Code 60606

FEC ID number of contributing federal political committee. **C**

Name of Employer Merrill Lynch Occupation Financial Advisor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 15 / 2015

Transaction ID : SA11AI.7892

Amount of Each Receipt this Period
 300.00

B. Full Name (Last, First, Middle Initial)
Mridu Sekhar

Mailing Address 1335 South Prairie, #1650

City Chicago State IL Zip Code 60605

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2015

Transaction ID : SA11AI.9805

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
Ashish Sen

Mailing Address 2557 W. Farewell Avenue

City Chicago State IL Zip Code 60645

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 22 / 2015

Transaction ID : SA11AI.8397

Amount of Each Receipt this Period
 750.00

SUBTOTAL of Receipts This Page (optional).....

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

2050.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 56 OF 119
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
David Sensibar

Mailing Address 5737 S. Blackstone Avenue

City Chicago State IL Zip Code 60637

FEC ID number of contributing federal political committee. **C**

Name of Employer Constructure Aggregates Corp. Occupation Executive

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 18 / 2015

Transaction ID : SA11AI.7980

Amount of Each Receipt this Period
 2700.00

B. Full Name (Last, First, Middle Initial)
Joan Shapiro

Mailing Address 5614 S. Dorchester

City Chicago State IL Zip Code 60637

FEC ID number of contributing federal political committee. **C**

Name of Employer Seer Analytics Occupation Consultant/Entrepreneur

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 29 / 2015

Transaction ID : SA11AI.8862

Amount of Each Receipt this Period
 850.00

C. Full Name (Last, First, Middle Initial)
Linda Rae Sher

Mailing Address 159 East Walton Place #10E

City Chicago State IL Zip Code 60611

FEC ID number of contributing federal political committee. **C**

Name of Employer Joint Affairs Committee Occupation Director of Special Projects

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 22 / 2015

Transaction ID : SA11AI.8329

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....

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

3800.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 57 OF 119
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Karen Shields

Mailing Address 405 N. Wabash, Apt. 4909

City Chicago State IL Zip Code 60622

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation Mediator

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 24 / 2015

Transaction ID : SA11AI.8181

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Caroline Shoenberger

Mailing Address 1724 N Larrabee

City Chicago State IL Zip Code 60614

FEC ID number of contributing federal political committee. **C**

Name of Employer Chicago Legal Clinic Occupation Laywer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 14 / 2015

Transaction ID : SA11AI.7879

Amount of Each Receipt this Period
 450.00

C. Full Name (Last, First, Middle Initial)
Lisa Silverberg

Mailing Address 1830 Faro Lane

City Mendota Heights State MN Zip Code 55118

FEC ID number of contributing federal political committee. **C**

Name of Employer The Mendota Grop Occupation Consultant

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 26 / 2015

Transaction ID : SA11AI.8824

Amount of Each Receipt this Period
 225.00

SUBTOTAL of Receipts This Page (optional).....

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

1175.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 119
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Stan Sloan

Mailing Address 1406 N. Paulina

City Chicago State IL Zip Code 60622

FEC ID number of contributing federal political committee. **C**

Name of Employer Chicago House Occupation President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 07 / 2015

Transaction ID : SA11AI.8564

Amount of Each Receipt this Period
 300.00

B. Full Name (Last, First, Middle Initial)
Gerald Smith

Mailing Address 6900 JPMorgan Chase Tower

City Houston State TX Zip Code 77002

FEC ID number of contributing federal political committee. **C**

Name of Employer Smith Graham Investment Advisors Occupation Chairman & CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 22 / 2015

Transaction ID : SA11AI.8140

Amount of Each Receipt this Period
 1500.00

C. Full Name (Last, First, Middle Initial)
Sheila Smith

Mailing Address 340 E. Randolph St.#3304

City Chicago State IL Zip Code 60601

FEC ID number of contributing federal political committee. **C**

Name of Employer Advanced Global Technologies Occupation Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 11 / 2015

Transaction ID : SA11AI.7770

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....

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

2800.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 119
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Sheila Smith

Mailing Address 340 E. Randolph St.#3304

City Chicago State IL Zip Code 60601

FEC ID number of contributing federal political committee. **C**

Name of Employer Advanced Global Technologies Occupation Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1150.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 17 / 2015

Transaction ID : SA11AI.8510

Amount of Each Receipt this Period
150.00

B. Full Name (Last, First, Middle Initial)
Margaret Sondler

Mailing Address 2147 W. Farwell

City Chicago State IL Zip Code 60645

FEC ID number of contributing federal political committee. **C**

Name of Employer Northwestern Memorial Hospital Occupation Manager

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 23 / 2015

Transaction ID : SA11AI.8694

Amount of Each Receipt this Period
1200.00

C. Full Name (Last, First, Middle Initial)
Margaret Sondler

Mailing Address 2147 W. Farwell

City Chicago State IL Zip Code 60645

FEC ID number of contributing federal political committee. **C**

Name of Employer Northwestern Memorial Hospital Occupation Manager

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 23 / 2015

Transaction ID : SA11AI.9803

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional).....

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

1650.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 119
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Julia Stasch

Mailing Address 556 West Arlington Place

City Chicago State IL Zip Code 60614

FEC ID number of contributing federal political committee. **C**

Name of Employer MacArthur Foundation Occupation Vice President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 08 / 2015

Transaction ID : SA11AI.9314

Amount of Each Receipt this Period
 1500.00

B. Full Name (Last, First, Middle Initial)
Heather Steans

Mailing Address 5348 N. Lakewood Ave.

City Chicago State IL Zip Code 60640

FEC ID number of contributing federal political committee. **C**

Name of Employer Illinois State Senate Occupation Senator

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 02 / 2015

Transaction ID : SA11AI.7356

Amount of Each Receipt this Period
 1500.00

C. Full Name (Last, First, Middle Initial)
Heather Steans

Mailing Address 5348 N. Lakewood Ave.

City Chicago State IL Zip Code 60640

FEC ID number of contributing federal political committee. **C**

Name of Employer Illinois State Senate Occupation Senator

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 02 / 2015

Transaction ID : SA11AI.7380

Amount of Each Receipt this Period
 1200.00

SUBTOTAL of Receipts This Page (optional).....

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

4200.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 119
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Teresa Stinnett

Mailing Address 336 Franklin

City State Zip Code
Frankfort IL 60423

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
225.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 12 / 2015

Transaction ID : SA11AI.8796

Amount of Each Receipt this Period
225.00

B. Full Name (Last, First, Middle Initial)
Mary Stowell

Mailing Address 301 Woodley Road

City State Zip Code
Winnetka IL 60693

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Stowell & Freidman Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 28 / 2015

Transaction ID : SA11AI.8223

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Mary Stowell

Mailing Address 301 Woodley Road

City State Zip Code
Winnetka IL 60693

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Stowell & Freidman Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 28 / 2015

Transaction ID : SA11AI.8240

Amount of Each Receipt this Period
2700.00

SUBTOTAL of Receipts This Page (optional).....

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

3225.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 62 OF 119
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mary Stretch

Mailing Address 2633 W. Morse

City State Zip Code
Chicago IL 60645

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 18 / 2015

Transaction ID : SA11AI.7984

Amount of Each Receipt this Period
 300.00

B. Full Name (Last, First, Middle Initial)
Larry Suffredin

Mailing Address 2431 Pioneer

City State Zip Code
Evanston IL 60201

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self-employed Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 14 / 2015

Transaction ID : SA11AI.7823

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Frances Sullivan

Mailing Address 721 Ontario Apt. 107

City State Zip Code
Oak Park IL 60302

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 18 / 2015

Transaction ID : SA11AI.7996

Amount of Each Receipt this Period
 1500.00

SUBTOTAL of Receipts This Page (optional).....

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

2050.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 119
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Martha B. Swanson

Mailing Address 5615 N. Ridgeway Road

City State Zip Code
Ringwood IL 60072

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 08 / 2015

Transaction ID : SA11AI.7723

Amount of Each Receipt this Period
 300.00

B. Full Name (Last, First, Middle Initial)
Jeffrey Thomas

Mailing Address 6033 N. Sheridan Rd., #43J

City State Zip Code
Chicago IL 60660

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Houghton Mifflin Harcourt Account Executive

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 13 / 2015

Transaction ID : SA11AI.7815

Amount of Each Receipt this Period
 300.00

C. Full Name (Last, First, Middle Initial)
Donna Thompson

Mailing Address 11759 Shalestone Court

City State Zip Code
Frankfort IL 60423

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Access Community Health Network CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 07 / 2015

Transaction ID : SA11AI.8632

Amount of Each Receipt this Period
 1500.00

SUBTOTAL of Receipts This Page (optional).....

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

2100.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 64 OF 119
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Deborah Thorne

Mailing Address [REDACTED]

City [REDACTED] State [REDACTED] Zip Code [REDACTED]

FEC ID number of contributing federal political committee. **C**

Name of Employer: Barnes & Thornberg
Occupation: Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 300.00

Date of Receipt: 04 / 13 / 2015

Transaction ID : SA11AI.7813

Amount of Each Receipt this Period: 300.00

B. Full Name (Last, First, Middle Initial)
Myrna Tyson

Mailing Address 875 King Richards Court

City Deerfield State IL Zip Code 60015

FEC ID number of contributing federal political committee. **C**

Name of Employer: Not Employed
Occupation: None

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 300.00

Date of Receipt: 04 / 20 / 2015

Transaction ID : SA11AI.8006

Amount of Each Receipt this Period: 300.00

C. Full Name (Last, First, Middle Initial)
Dawn Vasquez

Mailing Address 300 Travis Street #6900

City Houston State TX Zip Code 77002

FEC ID number of contributing federal political committee. **C**

Name of Employer: Smith Graham Company Investment Adviso
Occupation: Executive Assistant

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 300.00

Date of Receipt: 05 / 17 / 2015

Transaction ID : SA11AI.8698

Amount of Each Receipt this Period: 300.00

SUBTOTAL of Receipts This Page (optional).....

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

900.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 119
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Amy Wilkinson		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 07 / 2015	
Mailing Address 1314 Washington #F1		Transaction ID : SA11AI.8605	
City Evanston	State IL	Zip Code 60202	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00	
Name of Employer Not Employed	Occupation None		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		

Full Name (Last, First, Middle Initial) B. Cynthia Wolfson		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 01 / 2015	
Mailing Address 471 Lakeside Place		Transaction ID : SA11AI.8732	
City Highland Park	State IL	Zip Code 60035	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00	
Name of Employer Self-employed	Occupation Activist		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00		

Full Name (Last, First, Middle Initial) C. Joy Wykowski		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 07 / 2015	
Mailing Address 1709 N. North Park Avenue, Unit 2		Transaction ID : SA11AI.7719	
City Chicago	State IL	Zip Code 60614	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00	
Name of Employer Self-employed	Occupation Consultant		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		

SUBTOTAL of Receipts This Page (optional).....	3300.00
TOTAL This Period (last page this line number only).....	[Empty Box]

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 119
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Endy Zemenides		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 29 / 2015	
Mailing Address 5924 North Forest Glen Ave.		Transaction ID : SA11AI.9629	
City Chicago	State IL	Zip Code 60646	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Hellenic American Leadership Council	Occupation Executive Director		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) B. Lois Zoller		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 21 / 2015	
Mailing Address 3180 N. Lake Shore Drive #35D		Transaction ID : SA11AI.8062	
City Chicago	State IL	Zip Code 60657	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00	
Name of Employer Self-employed	Occupation Investor		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00		

Full Name (Last, First, Middle Initial) C. Andrea Zopp		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 02 / 2015	
Mailing Address 10920 S. Oakley		Transaction ID : SA11AI.9103	
City Chicago	State IL	Zip Code 60643	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00	
Name of Employer Chicago Urban League	Occupation President & COO		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00		

SUBTOTAL of Receipts This Page (optional).....	4000.00
TOTAL This Period (last page this line number only).....	135640.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 119
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
48th Ward Democrats

Mailing Address 5539 N. Broadway Street

City Chicago State IL Zip Code 60640

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 16 / 2015

Transaction ID : SA11B.9801

Amount of Each Receipt this Period
 500.00

Permissible Funds

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

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

500.00

500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 119
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address P.O. BOX 441146

City State Zip Code
SOMERVILLE MA 02144

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : SA11C.7228

Amount of Each Receipt this Period
 1580.59

Total Received Through Conduit This Reporting Period
[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
AFSCME P.E.O.P.L.E.

Mailing Address 1625 L St., NW

City State Zip Code
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00011114

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : SA11C.7292

Amount of Each Receipt this Period
 2500.00

C. Full Name (Last, First, Middle Initial)
American Association of Nurse Anesthetists PAC

Mailing Address 222 South Prospect Avenue

City State Zip Code
Park Ridge IL 60068

FEC ID number of contributing federal political committee. **C** C00173153

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 16 / 2015

Transaction ID : SA11C.7267

Amount of Each Receipt this Period
 2500.00

SUBTOTAL of Receipts This Page (optional).....

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

5000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 119
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
American Association of Nurse Practitioners PAC

Mailing Address P.O. Box 12846

City Austin State TX Zip Code 78711

FEC ID number of contributing federal political committee. **C** C00358903

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 26 / 2015

Transaction ID : SA11C.7271

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
American College of Radiology Association PAC

Mailing Address 1891 Preston White Drive

City Reston State VA Zip Code 20191

FEC ID number of contributing federal political committee. **C** C00343459

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 12 / 2015

Transaction ID : SA11C.7247

Amount of Each Receipt this Period
 2000.00

C. Full Name (Last, First, Middle Initial)
American Federation of Government Employees PAC

Mailing Address 80 F Street NW

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00009936

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 12 / 2015

Transaction ID : SA11C.7264

Amount of Each Receipt this Period
 1500.00

SUBTOTAL of Receipts This Page (optional).....

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

4500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 119
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
American Nurses Association PAC

Mailing Address 8515 Georgia Avenue #400

City State Zip Code
Silver Spring MD 20910

FEC ID number of contributing federal political committee. **C** C00017525

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 26 / 2015

Transaction ID : SA11C.7260

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
American Optometric Assoc. PAC

Mailing Address 1505 Prince St., #300

City State Zip Code
Alexendria VA 22314

FEC ID number of contributing federal political committee. **C** C00024968

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 26 / 2015

Transaction ID : SA11C.7272

Amount of Each Receipt this Period
 2500.00

C. Full Name (Last, First, Middle Initial)
American Podiatric Medical Association PAC

Mailing Address 9312 Old Georgetown Rd.

City State Zip Code
Bethesda MD 20814

FEC ID number of contributing federal political committee. **C** C00008839

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 16 / 2015

Transaction ID : SA11C.7243

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....

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

4500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 71 OF 119
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BEND THE ARC JEWISH ACTION, INC. PAC

Mailing Address 1825 K STREET NW
STE. 210

City State Zip Code
WASHINGTON DC 20006

FEC ID number of contributing federal political committee. **C** C00573253

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 07 / 2015

Transaction ID : SA11C.7232

Amount of Each Receipt this Period
 2276.50

Total Received Through Conduit This Reporting Period
[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Citizens for Carol Ronen

Mailing Address 6033 N. Sheridan Road

City State Zip Code
Chicago IL 60660

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 16 / 2015

Transaction ID : SA11C.7276

Amount of Each Receipt this Period
 500.00

Permissible Funds

C. Full Name (Last, First, Middle Initial)
Citizens for Lou Lang

Mailing Address P.O. Box 1815

City State Zip Code
Skokie IL 60076

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 650.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 12 / 2015

Transaction ID : SA11C.7248

Amount of Each Receipt this Period
 150.00

Permissible Funds

SUBTOTAL of Receipts This Page (optional).....

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

650.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 119
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CULAC-The PAC OF Credit Union National Association

Mailing Address 601 Pennsylvania Avenue NW #600

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C C00007880**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 02 / 2015

Transaction ID : SA11C.7278

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Foley & Lardner Political Fund

Mailing Address 3000 K Street, NW Sixth Floor

City Washington State DC Zip Code 20007

FEC ID number of contributing federal political committee. **C C00105338**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 14 / 2015

Transaction ID : SA11C.7254

Amount of Each Receipt this Period
 2000.00

C. Full Name (Last, First, Middle Initial)
Fraternity & Sorority PAC

Mailing Address P.O. Box 3435

City Alexandria State VA Zip Code 22302

FEC ID number of contributing federal political committee. **C C00410068**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 12 / 2015

Transaction ID : SA11C.7250

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....

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

4000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: (check only one)
 11a 12 11b 13a 11c 13b 11d 14 15
 PAGE 73 OF 119

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Friends of Laura Fine for State Representative

Mailing Address 1700 Constitution Drive

City State Zip Code
 Glenview IL 60026

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 12 / 2015

Transaction ID : SA11C.7245

Amount of Each Receipt this Period
 750.00

Permissible Funds

B. Full Name (Last, First, Middle Initial)
Friends of Mo (Khan)

Mailing Address P.O. Box 418

City State Zip Code
 Park Ridge IL 60068

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 26 / 2015

Transaction ID : SA11C.7262

Amount of Each Receipt this Period
 500.00

Contribution Refund Issued 06/30/15

C. Full Name (Last, First, Middle Initial)
Holland & Knight Committee for Effective Government

Mailing Address 800 17th Street NW #1100

City State Zip Code
 Washington DC 20006

FEC ID number of contributing federal political committee. **C** C00171330

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 22 / 2015

Transaction ID : SA11C.7258

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....

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

2250.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 119
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Illinois 10th Congressional District Democrats

Mailing Address P.O. Box 523

City State Zip Code
Deerfield IL 60015

FEC ID number of contributing federal political committee. **C C00395889**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 28 / 2015

Transaction ID : SA11C.7256

Amount of Each Receipt this Period
75.00

B. Full Name (Last, First, Middle Initial)
Illinois 10th Congressional District Democrats

Mailing Address P.O. Box 523

City State Zip Code
Deerfield IL 60015

FEC ID number of contributing federal political committee. **C C00395889**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 01 / 2015

Transaction ID : SA11C.7265

Amount of Each Receipt this Period
75.00

C. Full Name (Last, First, Middle Initial)
Joint Affairs Committee PAC

Mailing Address PO Box 105

City State Zip Code
Highland Park IL 60035

FEC ID number of contributing federal political committee. **C C00139659**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 30 / 2015

Transaction ID : SA11C.7230

Amount of Each Receipt this Period
1300.00

Total Received Through Conduit This Reporting Period
[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional).....

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

150.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 119
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JSTREETPAC

Mailing Address **PO BOX 33106**

City **WASHINGTON** State **DC** Zip Code **20033**

FEC ID number of contributing federal political committee. **C C00441949**

Name of Employer _____ Occupation _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 30 / 2015

Transaction ID : SA11C.7229

Amount of Each Receipt this Period
 _____ **6400.00** _____

Total Received Through Conduit This Reporting Period
[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Julie Morrison for State Senate

Mailing Address **P.O. Box 646**

City **Deerfield** State **IL** Zip Code **60015**

FEC ID number of contributing federal political committee. **C**

Name of Employer _____ Occupation _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____ **150.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 14 / 2015

Transaction ID : SA11C.7252

Amount of Each Receipt this Period
 _____ **150.00** _____

Permissible Funds

C. Full Name (Last, First, Middle Initial)
National Air Traffic Controllers Association PAC

Mailing Address **1325 Massachusetts Avenue, NW**

City **Washington** State **DC** Zip Code **20005**

FEC ID number of contributing federal political committee. **C C00238725**

Name of Employer _____ Occupation _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____ **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 02 / 2015

Transaction ID : SA11C.7274

Amount of Each Receipt this Period
 _____ **1000.00** _____

SUBTOTAL of Receipts This Page (optional).....

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

_____ **1150.00** _____

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 119
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
National Beer Wholesalers Assn PAC

Mailing Address 1101 King Street, Suite 600

City State Zip Code
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00144766

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : SA11C.7282

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
National Community Pharmacists Assn-PAC

Mailing Address 100 Daingerfield Road

City State Zip Code
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00030809

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : SA11C.7288

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
NEA Fund for Children & Public Education

Mailing Address 1201-16th Street, NW

City State Zip Code
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00003251

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : SA11C.7286

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....

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

4500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 119
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. The ADT Corporation PAC (ADT PAC)		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 26 / 2015
Mailing Address 1501 Yamato Road		Transaction ID : SA11C.7269
City State Zip Code Boca Raton FL 33431	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00550988	Name of Employer Occupation	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) B. The American Occupational Therapy Assn PAC		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 30 / 2015
Mailing Address 4720 Montgomery Lane		Transaction ID : SA11C.7290
City State Zip Code Bethesda MD 20814	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00089086	Name of Employer Occupation	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) C. United Food and Commercial Workers ABC		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 26 / 2015
Mailing Address 1775 K Street N.W.		Transaction ID : SA11C.7266
City State Zip Code Washington DC 20006	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C C00002766	Name of Employer Occupation	
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 10000.00	

SUBTOTAL of Receipts This Page (optional).....	7000.00
TOTAL This Period (last page this line number only).....	7000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 78 OF 119
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Walgreens PAC

Mailing Address 104 Wilmot Road

City State Zip Code
Deerfield IL 60015

FEC ID number of contributing federal political committee. **C** C00160770

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 30 2015

Transaction ID : SA11C.7284

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

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

1000.00

34700.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 119
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) ADP		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 03 / 2015	
Mailing Address 100 N. Northwest Pt. Road		Transaction ID : SA14.7238	
City Elk Grove Village State IL Zip Code 60007	Amount of Each Receipt this Period 656.20		
FEC ID number of contributing federal political committee. C	Payroll Tax Credit		
Name of Employer Occupation	Amount of Each Receipt this Period 656.20		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 656.20		

Full Name (Last, First, Middle Initial) ADP		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 15 / 2015	
Mailing Address 100 N. Northwest Pt. Road		Transaction ID : SA14.7241	
City Elk Grove Village State IL Zip Code 60007	Amount of Each Receipt this Period 178.20		
FEC ID number of contributing federal political committee. C	Payroll Tax Credit		
Name of Employer Occupation	Amount of Each Receipt this Period 834.40		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 834.40		

Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y Y Y	
Mailing Address			
City State Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. C	Payroll Tax Credit		
Name of Employer Occupation	Amount of Each Receipt this Period		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date		

SUBTOTAL of Receipts This Page (optional).....	834.40
TOTAL This Period (last page this line number only).....	834.40

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 119
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Franklin Templeton Investments

Mailing Address PO Box 33030

City State Zip Code
St. Petersburg FL 33733

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA15.7234

Amount of Each Receipt this Period

Interest

B. Full Name (Last, First, Middle Initial)
US Bank

Mailing Address 2958 N. Milwaukee Avenue

City State Zip Code
Chicago IL 60618

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA15.7237

Amount of Each Receipt this Period

Interest

C. Full Name (Last, First, Middle Initial)
US Bank

Mailing Address 2958 N. Milwaukee Avenue

City State Zip Code
Chicago IL 60618

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA15.7240

Amount of Each Receipt this Period

Interest

SUBTOTAL of Receipts This Page (optional).....

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

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 81 OF 119
(check only one)
 11a 11b 11c 11d 15
 12 13a 13b 14

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
US Bank

Mailing Address 2958 N. Milwaukee Avenue

City Chicago State IL Zip Code 60618

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **9847.87**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 22 / 2015

Transaction ID : SA15.7235

Amount of Each Receipt this Period
6.43

Interest

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

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

6.43

49.24

**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 82 OF 119		
	<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)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Weinstein & Associates			Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2015		
Mailing Address 1259A Rand Road			Amount of Each Disbursement this Period 246.00		
City Des Plaines	State IL	Zip Code 60016	Transaction ID : SB17.9649		
Purpose of Disbursement Parade Favors		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) B. ADP			Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2015		
Mailing Address 100 N. Northwest Pt. Road			Amount of Each Disbursement this Period 97.98		
City Elk Grove Village	State IL	Zip Code 60007	Transaction ID : SB17.9665		
Purpose of Disbursement Payroll Processing		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) C. ADP			Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2015		
Mailing Address 100 N. Northwest Pt. Road			Amount of Each Disbursement this Period 680.88		
City Elk Grove Village	State IL	Zip Code 60007	Transaction ID : SB17.9663		
Purpose of Disbursement Payroll Taxes		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	1024.86
TOTAL This Period (last page this line number only).....	

**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 83 OF 119	
	<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)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ADP		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2015
Mailing Address 100 N. Northwest Pt. Road		Amount of Each Disbursement this Period 97.98
City Elk Grove Village	State IL Zip Code 60007	
Purpose of Disbursement Payroll Processing	Candidate Name	Transaction ID : SB17.9664
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. ADP		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2015
Mailing Address 100 N. Northwest Pt. Road		Amount of Each Disbursement this Period 664.94
City Elk Grove Village	State IL Zip Code 60007	
Purpose of Disbursement Payroll Taxes	Candidate Name	Transaction ID : SB17.9667
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. ADP		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2015
Mailing Address 100 N. Northwest Pt. Road		Amount of Each Disbursement this Period 97.98
City Elk Grove Village	State IL Zip Code 60007	
Purpose of Disbursement Payroll Processing	Candidate Name	Transaction ID : SB17.9672
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	860.90
TOTAL This Period (last page this line number only).....	

**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 84 OF 119		
	<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)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ADP		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2015
Mailing Address 100 N. Northwest Pt. Road		Amount of Each Disbursement this Period 575.84
City Elk Grove Village	State IL Zip Code 60007	
Purpose of Disbursement Payroll Taxes	Candidate Name	Transaction ID : SB17.9671
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. ADP		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2015
Mailing Address 100 N. Northwest Pt. Road		Amount of Each Disbursement this Period 97.98
City Elk Grove Village	State IL Zip Code 60007	
Purpose of Disbursement Payroll Processing	Candidate Name	Transaction ID : SB17.9668
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. ADP		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2015
Mailing Address 100 N. Northwest Pt. Road		Amount of Each Disbursement this Period 564.62
City Elk Grove Village	State IL Zip Code 60007	
Purpose of Disbursement Payroll Taxes	Candidate Name	Transaction ID : SB17.9669
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	1238.44
TOTAL This Period (last page this line number only).....	

**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 85 OF 119			
	<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)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ADP		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2015
Mailing Address 100 N. Northwest Pt. Road		Amount of Each Disbursement this Period 97.98
City Elk Grove Village	State IL	
Zip Code 60007	Purpose of Disbursement Payroll Processing	Transaction ID : SB17.9661
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. ADP		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2015
Mailing Address 100 N. Northwest Pt. Road		Amount of Each Disbursement this Period 562.09
City Elk Grove Village	State IL	
Zip Code 60007	Purpose of Disbursement Payroll Taxes	Transaction ID : SB17.9670
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. ADP		Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2015
Mailing Address 100 N. Northwest Pt. Road		Amount of Each Disbursement this Period 97.98
City Elk Grove Village	State IL	
Zip Code 60007	Purpose of Disbursement Payroll Processing	Transaction ID : SB17.9662
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	758.05
TOTAL This Period (last page this line number only).....	

**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 86 OF 119			
	<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)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ADP		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2015
Mailing Address 100 N. Northwest Pt. Road		Amount of Each Disbursement this Period 562.09
City Elk Grove Village	State IL Zip Code 60007	
Purpose of Disbursement Payroll Taxes	Category/Type	Transaction ID : SB17.9666
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) B. Ahead of Our Time Publishing		Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2015
Mailing Address 70 S. Fox Mill Lane		Amount of Each Disbursement this Period 500.00
City Springfield	State IL Zip Code 62712	
Purpose of Disbursement Newsletter Subscription	Category/Type	Transaction ID : SB17.9674
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) C. American Express		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2015
Mailing Address P.O. Box 981540		Amount of Each Disbursement this Period 164.61
City El Paso	State TX Zip Code 79998	
Purpose of Disbursement Credit Card Processing Fees	Category/Type	Transaction ID : SB17.9678
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1226.70
TOTAL This Period (last page this line number only).....	

**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 87 OF 119			
	<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)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. American Express		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2015
Mailing Address P.O. Box 981540		Amount of Each Disbursement this Period 161.71
City El Paso	State TX	
Zip Code 79998	Purpose of Disbursement Credit Card Processing Fees	Transaction ID : SB17.9679
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. American Express		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2015
Mailing Address P.O. Box 981540		Amount of Each Disbursement this Period 223.13
City El Paso	State TX	
Zip Code 79998	Purpose of Disbursement Credit Card Processing Fees	Transaction ID : SB17.9675
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. American Express		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2015
Mailing Address P.O. Box 981540		Amount of Each Disbursement this Period 504.12
City El Paso	State TX	
Zip Code 79998	Purpose of Disbursement Credit Card Processing Fees	Transaction ID : SB17.9676
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	888.96
TOTAL This Period (last page this line number only).....	

**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 88 OF 119			
	<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)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. American Express		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2015
Mailing Address P.O. Box 981540		Amount of Each Disbursement this Period 515.51 Transaction ID : SB17.9677
City El Paso	State TX	
Zip Code 79998	Purpose of Disbursement Credit Card Processing Fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. AT&T		Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2015
Mailing Address 208 Akard Street		Amount of Each Disbursement this Period 530.21 Transaction ID : SB17.9684
City Dallas	State TX	
Zip Code 75202	Purpose of Disbursement Telephone & Internet Service	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. AT&T		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2015
Mailing Address 208 Akard Street		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.9682
City Dallas	State TX	
Zip Code 75202	Purpose of Disbursement Telephone & Internet Service	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1095.72
TOTAL This Period (last page this line number only).....	

**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 89 OF 119			
	<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)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. AT&T		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2015
Mailing Address 208 Akard Street		Amount of Each Disbursement this Period 531.10
City Dallas	State TX	
Zip Code 75202	Purpose of Disbursement Telephone & Internet Service	Transaction ID : SB17.9685
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. AT&T		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2015
Mailing Address 208 Akard Street		Amount of Each Disbursement this Period 50.00
City Dallas	State TX	
Zip Code 75202	Purpose of Disbursement Telephone & Internet Service	Transaction ID : SB17.9683
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. AT&T		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2015
Mailing Address 208 Akard Street		Amount of Each Disbursement this Period 518.17
City Dallas	State TX	
Zip Code 75202	Purpose of Disbursement Telephone & Internet Service	Transaction ID : SB17.9687
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1099.27
TOTAL This Period (last page this line number only).....	

**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 90 OF 119			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. AT&T		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2015
Mailing Address 208 Akard Street		Amount of Each Disbursement this Period 64.00
City Dallas State TX Zip Code 75202	Purpose of Disbursement Telephone & Internet Service	
Candidate Name	Category/Type	Transaction ID : SB17.9686
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. AT&T Mobility		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2015
Mailing Address 208 Akard Street		Amount of Each Disbursement this Period 453.94
City Dallas State TX Zip Code 75202	Purpose of Disbursement Telephone & Internet Service	
Candidate Name	Category/Type	Transaction ID : SB17.9688
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. AT&T Mobility		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2015
Mailing Address 208 Akard Street		Amount of Each Disbursement this Period 379.80
City Dallas State TX Zip Code 75202	Purpose of Disbursement Telephone & Internet Service	
Candidate Name	Category/Type	Transaction ID : SB17.9690
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	897.74
TOTAL This Period (last page this line number only).....	

**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 91 OF 119	
	<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)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. AT&T Mobility		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2015
Mailing Address 208 Akard Street		Amount of Each Disbursement this Period 448.69 Transaction ID : SB17.9689
City Dallas	State TX Zip Code 75202	
Purpose of Disbursement Telephone & Internet Service		Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Authorize.net		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2015
Mailing Address 915 S. 500 East #200		Amount of Each Disbursement this Period 48.95 Transaction ID : SB17.9692
City American Fork	State UT Zip Code 84003	
Purpose of Disbursement Credit Card Processing Fees		Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Authorize.net		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2015
Mailing Address 915 S. 500 East #200		Amount of Each Disbursement this Period 50.45 Transaction ID : SB17.9691
City American Fork	State UT Zip Code 84003	
Purpose of Disbursement Credit Card Processing Fees		Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	548.09
TOTAL This Period (last page this line number only).....	

**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 92 OF 119			
	<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)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Broadway 55 LLC			Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2015		
Mailing Address 36 W. Rudolf #800			Amount of Each Disbursement this Period 1200.00		
City Chicago	State IL	Zip Code 60601	Transaction ID : SB17.9696		
Purpose of Disbursement Office Rent		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) B. Chase Card Services			Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2015		
Mailing Address PO Box 53084			Amount of Each Disbursement this Period 5800.14		
City Atlanta	State GA	Zip Code 30353	Transaction ID : SB17.7139		
Purpose of Disbursement Itemized Transactions Below		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) C. U.S. Postal Service			Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2015		
Mailing Address 1101 Davis			Amount of Each Disbursement this Period 1798.40		
City Evanston	State IL	Zip Code 60201	Transaction ID : SB17.7139.0		
Purpose of Disbursement Postage		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	7000.14
TOTAL This Period (last page this line number only).....	

**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 93 OF 119			
	<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)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. East Bank Club		Date of Disbursement MM / DD / YYYY 04 / 14 / 2015
Mailing Address 500 N. Kingsbury		Amount of Each Disbursement this Period 1907.46
City Chicago	State IL Zip Code 60654	
Purpose of Disbursement Catering	Candidate Name	Transaction ID : SB17.7139.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. Johnny's Half Shell		Date of Disbursement MM / DD / YYYY 04 / 14 / 2015
Mailing Address 400 North Capitol NW		Amount of Each Disbursement this Period 1157.47
City Washington	State DC Zip Code 20001	
Purpose of Disbursement Catering	Candidate Name	Transaction ID : SB17.7139.13
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) c. Wired for Change		Date of Disbursement MM / DD / YYYY 04 / 14 / 2015
Mailing Address 1700 Connecticut Avenue NW #402		Amount of Each Disbursement this Period 350.00
City Washington	State DC Zip Code 20009	
Purpose of Disbursement Website Maintenance	Candidate Name	Transaction ID : SB17.7139.15
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**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 94 OF 119			
	<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)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Chase Card Services		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2015
Mailing Address PO Box 53084		Amount of Each Disbursement this Period 1997.95
City Atlanta	State GA	
Zip Code 30353	Purpose of Disbursement Itemized Disbursements Below	Transaction ID : SB17.7172
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Jewel		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2015
Mailing Address 1128 Chicago		Amount of Each Disbursement this Period 26.36
City Evanston	State IL	
Zip Code 60202	Purpose of Disbursement Food and Beverage	Transaction ID : SB17.7172.0
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. U.S. Postal Service		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2015
Mailing Address 1101 Davis		Amount of Each Disbursement this Period 347.00
City Evanston	State IL	
Zip Code 60201	Purpose of Disbursement Postage	Transaction ID : SB17.7172.10
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1997.95
TOTAL This Period (last page this line number only).....	

**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 95 OF 119			
	<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)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Federal Express		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2015
Mailing Address 942 Shady Grove Road		Amount of Each Disbursement this Period 481.79
City Memphis	State TN	
Zip Code 38120	Purpose of Disbursement Shipping	Transaction ID : SB17.7172.11
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Southwest Airlines		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2015
Mailing Address P.O. Box 36647		Amount of Each Disbursement this Period 211.00
City Dallas	State TX	
Zip Code 75235	Purpose of Disbursement Travel Expenses	Transaction ID : SB17.7172.13
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) c. Chase Card Services		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2015
Mailing Address PO Box 53084		Amount of Each Disbursement this Period 981.67
City Atlanta	State GA	
Zip Code 30353	Purpose of Disbursement Itemized Transactions Below	Transaction ID : SB17.7205
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	981.67
TOTAL This Period (last page this line number only).....	

**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 96 OF 119			
	<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)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Staples		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2015
Mailing Address 4610 North Clark Street		Amount of Each Disbursement this Period 18.02
City Evanston	State IL	
Zip Code 60640	Purpose of Disbursement Office Supplies	[MEMO ITEM]
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Lucky Platter		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2015
Mailing Address 514 Main Street		Amount of Each Disbursement this Period 33.27
City Evanston	State IL	
Zip Code 60202	Purpose of Disbursement Food and Beverage	[MEMO ITEM]
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Federal Express		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2015
Mailing Address 942 Shady Grove Road		Amount of Each Disbursement this Period 34.18
City Memphis	State TN	
Zip Code 38120	Purpose of Disbursement Shipping	[MEMO ITEM]
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input 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).....	

**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 97 OF 119			
	<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)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Carey International		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2015
Mailing Address 4530 Wisconsin Avenue NW		Amount of Each Disbursement this Period 319.82
City Washington	State DC	
Zip Code 20016	Purpose of Disbursement Travel Expenses	Transaction ID : SB17.7205.8
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. United Airlines		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2015
Mailing Address P.O. Box 66100		Amount of Each Disbursement this Period 324.20
City Chicago	State IL	
Zip Code 60666	Purpose of Disbursement Travel Expenses	Transaction ID : SB17.7205.11
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) c. Chicago Midwest Regional Joint Board		Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2015
Mailing Address 333 S. Ashland Avenue		Amount of Each Disbursement this Period 250.00
City Chicago	State IL	
Zip Code 60607	Purpose of Disbursement Facility Rental	Transaction ID : SB17.9698
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	

**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 98 OF 119			
	<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)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Democratic Party of Illinois		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2015
Mailing Address P.O. Box 518		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.9701
City Springfield	State IL	
Zip Code 62705	Purpose of Disbursement Voter File	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Diamond Marketing Solutions		Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2015
Mailing Address 280 Madsen Drive		Amount of Each Disbursement this Period 2703.86 Transaction ID : SB17.9702
City Bloomington	State IL	
Zip Code 60108	Purpose of Disbursement Mailing Expenses	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Frary, Casey		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2015
Mailing Address 504 2nd Street SW #B3		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.9706
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Comptuer Services	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	5703.86
TOTAL This Period (last page this line number only).....	

**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 99 OF 119			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Gersten, Sarah		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2015
Mailing Address 3909 N. Sheridan #1H		Amount of Each Disbursement this Period 3990.00
City Chicago	State IL Zip Code 60613	
Purpose of Disbursement Salary	Candidate Name	Transaction ID : SB17.9711
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. Gersten, Sarah		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2015
Mailing Address 3909 N. Sheridan #1H		Amount of Each Disbursement this Period 3990.00
City Chicago	State IL Zip Code 60613	
Purpose of Disbursement Salary	Candidate Name	Transaction ID : SB17.9712
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) c. Gersten, Sarah		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2015
Mailing Address 3909 N. Sheridan #1H		Amount of Each Disbursement this Period 3990.00
City Chicago	State IL Zip Code 60613	
Purpose of Disbursement Salary	Candidate Name	Transaction ID : SB17.9710
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	11970.00
TOTAL This Period (last page this line number only).....	

**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 100 OF 119			
	<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)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Gersten, Sarah		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2015
Mailing Address 3909 N. Sheridan #1H		Amount of Each Disbursement this Period 3990.00
City Chicago	State IL Zip Code 60613	
Purpose of Disbursement Salary	Candidate Name	Transaction ID : SB17.9713
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. Gersten, Sarah		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2015
Mailing Address 3909 N. Sheridan #1H		Amount of Each Disbursement this Period 3990.00
City Chicago	State IL Zip Code 60613	
Purpose of Disbursement Salary	Candidate Name	Transaction ID : SB17.9715
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. Gersten, Sarah		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2015
Mailing Address 3909 N. Sheridan #1H		Amount of Each Disbursement this Period 20.00
City Chicago	State IL Zip Code 60613	
Purpose of Disbursement Parking	Candidate Name	Transaction ID : SB17.9714
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	8000.00
TOTAL This Period (last page this line number only).....	

**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 101 OF 119			
	<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)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Gersten, Sarah		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2015
Mailing Address 3909 N. Sheridan #1H		Amount of Each Disbursement this Period 3990.00
City Chicago	State IL Zip Code 60613	
Purpose of Disbursement Salary	Category/Type	Transaction ID : SB17.9709
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) B. Head, Benjamin		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2015
Mailing Address 2300 Lincoln Park West #701		Amount of Each Disbursement this Period 2500.00
City Chicago	State IL Zip Code 60614	
Purpose of Disbursement Salary	Category/Type	Transaction ID : SB17.9727
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) c. Head, Benjamin		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2015
Mailing Address 2300 Lincoln Park West #701		Amount of Each Disbursement this Period 2500.00
City Chicago	State IL Zip Code 60614	
Purpose of Disbursement Salary	Category/Type	Transaction ID : SB17.9728
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	8990.00
TOTAL This Period (last page this line number only).....	

**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 102 OF 119			
	<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)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Head, Benjamin		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2015
Mailing Address 2300 Lincoln Park West #701		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.9721
City Chicago State IL Zip Code 60614	Purpose of Disbursement Salary	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Head, Benjamin		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2015
Mailing Address 2300 Lincoln Park West #701		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.9720
City Chicago State IL Zip Code 60614	Purpose of Disbursement Salary	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Head, Benjamin		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2015
Mailing Address 2300 Lincoln Park West #701		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.9722
City Chicago State IL Zip Code 60614	Purpose of Disbursement Salary	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	7500.00
TOTAL This Period (last page this line number only).....	

**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 103 OF 119	
	<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)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Head, Benjamin		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2015
Mailing Address 2300 Lincoln Park West #701		Amount of Each Disbursement this Period 315.16
City Chicago State IL Zip Code 60614	Purpose of Disbursement Mobile Phone	
Candidate Name	Category/Type	Transaction ID : SB17.9723
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2015
Mailing Address 1 Verizon Way		Amount of Each Disbursement this Period 315.16
City Basking Ridge State NJ Zip Code 07920	Purpose of Disbursement Mobile Phone	
Candidate Name	Category/Type	Transaction ID : SB17.9723.0 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Head, Benjamin		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2015
Mailing Address 2300 Lincoln Park West #701		Amount of Each Disbursement this Period 224.25
City Chicago State IL Zip Code 60614	Purpose of Disbursement Travel - Mileage	
Candidate Name	Category/Type	Transaction ID : SB17.9725
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	539.41
TOTAL This Period (last page this line number only).....	

**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 104 OF 119			
	<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)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Head, Benjamin		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2015
Mailing Address 2300 Lincoln Park West #701		Amount of Each Disbursement this Period 1245.60
City Chicago	State IL Zip Code 60614	
Purpose of Disbursement Health Insurance	Candidate Name	Transaction ID : SB17.9726
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. Head, Benjamin		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2015
Mailing Address 2300 Lincoln Park West #701		Amount of Each Disbursement this Period 2500.00
City Chicago	State IL Zip Code 60614	
Purpose of Disbursement Salary	Candidate Name	Transaction ID : SB17.9724
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) c. Hilton Chicago		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2015
Mailing Address 720 S. Michigan		Amount of Each Disbursement this Period 97547.60
City Chicago	State IL Zip Code 60605	
Purpose of Disbursement Catering	Candidate Name	Transaction ID : SB17.9729
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	101293.20
TOTAL This Period (last page this line number only).....	

**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 105 OF 119			
	<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)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Hilton Chicago		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2015
Mailing Address 720 S. Michigan		Amount of Each Disbursement this Period 5283.86
City Chicago	State IL Zip Code 60605	
Purpose of Disbursement Catering	Category/Type	Transaction ID : SB17.9730
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Illinois State Society of Washington, DC		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2015
Mailing Address 3700 Fort Worth AVenue #100		Amount of Each Disbursement this Period 250.00
City Alexandria	State VA Zip Code 22304	
Purpose of Disbursement Membership Dues	Category/Type	Transaction ID : SB17.9734
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Ixia		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2015
Mailing Address 1630 Chicago Avenue		Amount of Each Disbursement this Period 500.00
City Evanston	State IL Zip Code 60201	
Purpose of Disbursement Flowers	Category/Type	Transaction ID : SB17.9735
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	6033.86
TOTAL This Period (last page this line number only).....	

**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 106 OF 119			
	<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)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Ixia		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2015
Mailing Address 1630 Chicago Avenue		Amount of Each Disbursement this Period 456.25
City Evanston	State IL	
Zip Code 60201	Purpose of Disbursement Flowers	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Ixia		Date of Disbursement M M / D D / Y Y Y Y 06 / 08 / 2015
Mailing Address 1630 Chicago Avenue		Amount of Each Disbursement this Period 185.00
City Evanston	State IL	
Zip Code 60201	Purpose of Disbursement Flowers	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. J Street PAC		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2015
Mailing Address P.O. Box 33106		Amount of Each Disbursement this Period 178.76
City Washington	State DC	
Zip Code 20033	Purpose of Disbursement Credit Card Processing Fees	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	820.01
TOTAL This Period (last page this line number only).....	

**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 107 OF 119	
	<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)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. J Street PAC			Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2015	
Mailing Address P.O. Box 33106			Amount of Each Disbursement this Period 9.75	
City Washington	State DC	Zip Code 20033	Transaction ID : SB17.9739	
Purpose of Disbursement Credit Card Processing Fees		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. J Street PAC			Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2015	
Mailing Address P.O. Box 33106			Amount of Each Disbursement this Period 9.75	
City Washington	State DC	Zip Code 20033	Transaction ID : SB17.9740	
Purpose of Disbursement Credit Card Processing Fees		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. J Street PAC			Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2015	
Mailing Address P.O. Box 33106			Amount of Each Disbursement this Period 4.88	
City Washington	State DC	Zip Code 20033	Transaction ID : SB17.9738	
Purpose of Disbursement Credit Card Processing Fees		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	24.88
TOTAL This Period (last page this line number only).....	

**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 108 OF 119			
	<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)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. J Street PAC		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2015
Mailing Address P.O. Box 33106		Amount of Each Disbursement this Period 4.87
City Washington	State DC	
Zip Code 20033	Purpose of Disbursement Credit Card Processing Fees	Transaction ID : SB17.9799
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. La Prairie, Dean		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2015
Mailing Address 4453 N. Paulina		Amount of Each Disbursement this Period 400.00
City Chicago	State IL	
Zip Code 60640	Purpose of Disbursement Photography	Transaction ID : SB17.9746
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Lubavitch Chabad of Illinois		Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2015
Mailing Address 2833 West Howard		Amount of Each Disbursement this Period 360.00
City Chicago	State IL	
Zip Code 60645	Purpose of Disbursement Event Sponsorship	Transaction ID : SB17.9748
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	764.87
TOTAL This Period (last page this line number only).....	

**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 109 OF 119			
	<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)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mid-City Printing		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2015
Mailing Address 5526 W. Montrose		Amount of Each Disbursement this Period 496.00
City Chicago	State IL Zip Code 60641	
Purpose of Disbursement Printing	Candidate Name	Transaction ID : SB17.9751
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. Mid-City Printing		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2015
Mailing Address 5526 W. Montrose		Amount of Each Disbursement this Period 1288.00
City Chicago	State IL Zip Code 60641	
Purpose of Disbursement Printing	Candidate Name	Transaction ID : SB17.9752
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) c. Mid-City Printing		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2015
Mailing Address 5526 W. Montrose		Amount of Each Disbursement this Period 410.00
City Chicago	State IL Zip Code 60641	
Purpose of Disbursement Printing	Candidate Name	Transaction ID : SB17.9750
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	2194.00
TOTAL This Period (last page this line number only).....	

**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 110 OF 119			
	<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)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mid-City Printing		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2015
Mailing Address 5526 W. Montrose		Amount of Each Disbursement this Period 1742.00
City Chicago	State IL Zip Code 60641	
Purpose of Disbursement Printing	Category/Type	Transaction ID : SB17.9749
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Moneris		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2015
Mailing Address 700 E. Lake Cook Road		Amount of Each Disbursement this Period 966.89
City Buffalo Grove	State IL Zip Code 60089	
Purpose of Disbursement Credit Card Processing Fees	Category/Type	Transaction ID : SB17.9754
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Moneris		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2015
Mailing Address 700 E. Lake Cook Road		Amount of Each Disbursement this Period 241.53
City Buffalo Grove	State IL Zip Code 60089	
Purpose of Disbursement Credit Card Processing Fees	Category/Type	Transaction ID : SB17.9755
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2950.42
TOTAL This Period (last page this line number only).....	

**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 111 OF 119			
	<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)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Moneris		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2015
Mailing Address 700 E. Lake Cook Road		Amount of Each Disbursement this Period 712.09
City Buffalo Grove	State IL	
Zip Code 60089	Purpose of Disbursement Credit Card Processing Fees	Transaction ID : SB17.9756
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Moneris		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2015
Mailing Address 700 E. Lake Cook Road		Amount of Each Disbursement this Period 966.17
City Buffalo Grove	State IL	
Zip Code 60089	Purpose of Disbursement Credit Card Processing Fees	Transaction ID : SB17.9759
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Moneris		Date of Disbursement M M / D D / Y Y Y Y 05 / 11 / 2015
Mailing Address 700 E. Lake Cook Road		Amount of Each Disbursement this Period 31.56
City Buffalo Grove	State IL	
Zip Code 60089	Purpose of Disbursement Credit Card Processing Fees	Transaction ID : SB17.9753
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1709.82
TOTAL This Period (last page this line number only).....	

**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 112 OF 119			
	<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)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Moneris		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2015
Mailing Address 700 E. Lake Cook Road		Amount of Each Disbursement this Period 887.23
City Buffalo Grove	State IL	
Zip Code 60089	Purpose of Disbursement Credit Card Processing Fees	Transaction ID : SB17.9757
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Moneris		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2015
Mailing Address 700 E. Lake Cook Road		Amount of Each Disbursement this Period 537.51
City Buffalo Grove	State IL	
Zip Code 60089	Purpose of Disbursement Credit Card Processing Fees	Transaction ID : SB17.9758
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Network Education Program		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2015
Mailing Address 25 E Street NW #200		Amount of Each Disbursement this Period 604.20
City Washington	State DC	
Zip Code 20001	Purpose of Disbursement Travel Expenses	Transaction ID : SB17.9763
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2028.94
TOTAL This Period (last page this line number only).....	

**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 113 OF 119			
	<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)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Reyna, Rosa			Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2015	
Mailing Address 5926 N. Artesian 1st Floor			Amount of Each Disbursement this Period 140.00	
City Chicago	State IL	Zip Code 60640	Transaction ID : SB17.9766	
Purpose of Disbursement Office Cleaning		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) B. Tuite, Jacque			Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2015	
Mailing Address 2212 W. Palmer			Amount of Each Disbursement this Period 800.00	
City Chicago	State IL	Zip Code 60647	Transaction ID : SB17.9776	
Purpose of Disbursement Salary		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) c. Tuite, Jacque			Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2015	
Mailing Address 2212 W. Palmer			Amount of Each Disbursement this Period 800.00	
City Chicago	State IL	Zip Code 60647	Transaction ID : SB17.9771	
Purpose of Disbursement Salary		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

SUBTOTAL of Disbursements This Page (optional)	1740.00
TOTAL This Period (last page this line number only)	

**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 114 OF 119			
	<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)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Tuite, Jacque		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2015
Mailing Address 2212 W. Palmer		Amount of Each Disbursement this Period 800.00 Transaction ID : SB17.9772
City Chicago	State IL Zip Code 60647	
Purpose of Disbursement Salary	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Tuite, Jacque		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2015
Mailing Address 2212 W. Palmer		Amount of Each Disbursement this Period 800.00 Transaction ID : SB17.9773
City Chicago	State IL Zip Code 60647	
Purpose of Disbursement Salary	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Tuite, Jacque		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2015
Mailing Address 2212 W. Palmer		Amount of Each Disbursement this Period 800.00 Transaction ID : SB17.9774
City Chicago	State IL Zip Code 60647	
Purpose of Disbursement Salary	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2400.00
TOTAL This Period (last page this line number only).....	

**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 115 OF 119	
	<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)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Tuite, Jacque		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2015
Mailing Address 2212 W. Palmer		Amount of Each Disbursement this Period 800.00
City Chicago	State IL Zip Code 60647	
Purpose of Disbursement Salary	Candidate Name	Transaction ID : SB17.9775
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. Yes Promotions, Inc.		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2015
Mailing Address 750 N. Franklin		Amount of Each Disbursement this Period 3081.15
City Chicago	State IL Zip Code 60610	
Purpose of Disbursement Printing	Candidate Name	Transaction ID : SB17.9780
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	3881.15
TOTAL This Period (last page this line number only).....	188412.41

**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 116 OF 119			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Gerald Smith		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2015
Mailing Address 6900 JPMorgan Chase Tower		Amount of Each Disbursement this Period 1500.00
City Houston State TX Zip Code 77002	Purpose of Disbursement Contribution Refund	
Candidate Name	Category/Type	Transaction ID : SB20A.9793
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016	
State: District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	
State: District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	
State: District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	1500.00

**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 117 OF 119	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Friends of Mo (Khan)		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2015
Mailing Address P.O. Box 418		Amount of Each Disbursement this Period 500.00
City Park Ridge	State IL	
Zip Code 60068	Purpose of Disbursement Contribution Refund	Transaction ID : SB20C.9792
Candidate Name	Category/ Type	
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)	
State: District:		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	500.00
TOTAL This Period (last page this line number only).....	500.00

**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 118 OF 119	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Chase Card Services		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2015
Mailing Address PO Box 53084		Amount of Each Disbursement this Period 175.00
City Atlanta	State GA	
Zip Code 30353	Purpose of Disbursement Donations - Unitemized Transactions	Transaction ID : SB21.7167
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Chase Card Services		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2015
Mailing Address PO Box 53084		Amount of Each Disbursement this Period 200.00
City Atlanta	State GA	
Zip Code 30353	Purpose of Disbursement Donations - Unitemized Transactions	Transaction ID : SB21.7202
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2015
Mailing Address 430 SOUTH CAPITOL STREET, SE 2ND FLOOR		Amount of Each Disbursement this Period 13600.00
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement Unlimited Transfer	Transaction ID : SB21.9784
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	13975.00
TOTAL This Period (last page this line number only).....	

**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 119 OF 119
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2015
Mailing Address 430 SOUTH CAPITOL STREET, SE 2ND FLOOR		Amount of Each Disbursement this Period 13600.00 Transaction ID : SB21.9783
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement Unlimited Transfer	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE		Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2015
Mailing Address 430 SOUTH CAPITOL STREET, SE 2ND FLOOR		Amount of Each Disbursement this Period 13600.00 Transaction ID : SB21.9785
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement Unlimited Transfer	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Joint Affairs Committee PAC		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2015
Mailing Address PO Box 105		Amount of Each Disbursement this Period 500.00 Transaction ID : SB21.9787
City Highland Park State IL Zip Code 60035	Purpose of Disbursement Contribution	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	27700.00
TOTAL This Period (last page this line number only).....	41675.00