

**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 188 / 190

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. NIKKI TINKER FOR CONGRESS		Transaction ID: SB21.10799 Date of Disbursement 06 / 26 / 2006
Mailing Address PO BOX 171285		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City MEMPHIS State TN Zip Code 38187	Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name NIKKI MICHELE TINKER		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 09	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. PAVICH FOR CONGRESS		Transaction ID: SB21.10794 Date of Disbursement 06 / 13 / 2006
Mailing Address PO BOX 1203		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City BEECHER State IL Zip Code 60401	Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name JOHN JUSTIN PAVICH		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 11	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. PHYLLIS BUSANSKY FOR CONGRESS		Transaction ID: SB21.10718 Date of Disbursement 05 / 15 / 2006
Mailing Address 3611 SCHEFFLERA ROAD		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City TAMPA State FL Zip Code 33618	Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name PHYLLIS H BUSANSKY		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 09	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶