

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Progressive Change Campaign Committee

Full Name (Last, First, Middle Initial)

A. Forrest Brown

Mailing Address 1423 N. Summit Ave.

City Springfield State MO Zip Code 65802

Purpose of Disbursement
In-kind staff reimbursement

Candidate Name

Ilya Sheyman

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IL District: 10

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3				3	0		2	0	1	2		

Transaction ID : D347071

Amount of Each Disbursement this Period

1	5	.	6	3
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* In-Kind

Full Name (Last, First, Middle Initial)

B. Forrest Brown

Mailing Address 1423 N. Summit Ave.

City Springfield State MO Zip Code 65802

Purpose of Disbursement
in-kind staff travel

Candidate Name

Ilya Sheyman

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IL District: 10

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3				3	0		2	0	1	2		

Transaction ID : D347077

Amount of Each Disbursement this Period

7	9	.	0	0
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* In-Kind

Full Name (Last, First, Middle Initial)

C. Care First

Mailing Address 840 1st St, NE

City Washington State DC Zip Code 20065

Purpose of Disbursement
Health insurance

Candidate Name

Ilya Sheyman

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IL District: 10

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3				3	0		2	0	1	2		

Transaction ID : D347052

Amount of Each Disbursement this Period

4	7	.	7	1
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* In-Kind

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

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

1	4	2	.	3	4
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1	4	2	.	3	4
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