

**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 85	
	<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)
DAN LIPINSKI FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ENYART FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2012
Mailing Address PO BOX 308		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB21.15969
City BELLEVILLE	State IL	
Zip Code 62222	Purpose of Disbursement Contribution	Category/ Type
Candidate Name	Office Sought: <input checked="" 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: IL District: 12	

Full Name (Last, First, Middle Initial) B. ENYART FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2012
Mailing Address PO BOX 308		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB21.15869
City BELLEVILLE	State IL	
Zip Code 62222	Purpose of Disbursement Contribution	Category/ Type
Candidate Name	Office Sought: <input checked="" 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: IL District: 12	

Full Name (Last, First, Middle Initial) C. FRIENDS OF CHERI BUSTOS		Date of Disbursement M M / D D / Y Y Y Y 07 / 12 / 2012
Mailing Address P.O. BOX 77		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB21.15974
City EAST MOLINE	State IL	
Zip Code 61244	Purpose of Disbursement Contribution	Category/ Type
Candidate Name	Office Sought: <input checked="" 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: IL District: 17	

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