

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 EVANSTON IL 60204 Check if different than previously reported. (ACC)

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) X 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 07 / 01 / 2015 through M M / D D / Y Y Y Y 09 / 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 02 / 04 / 2016

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))....	123582.71	582704.69
(b) Total Contribution Refunds (from Line 20(d))	256.00	2779.66
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	123326.71	579925.03
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	83091.66	431906.52
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	1288.40
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	83091.66	430618.12
8. Cash on Hand at Close of Reporting Period (from Line 27).....	367410.05	
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: M M / D D / Y Y Y Y 07 / 01 / 2015 To: M M / D D / Y Y Y Y 09 / 30 / 2015

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).....	47870.00	363110.00
(ii) Unitemized.....	19162.71	95844.69
(iii) TOTAL of contributions from individuals ▶	67032.71	458954.69
(b) Political Party Committees.....	0.00	500.00
(c) Other Political Committees (such as PACs).....	56550.00	123250.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	123582.71	582704.69
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.)	0.00	1288.40
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	162.55	10367.35
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	123745.26	594360.44

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	83091.66	431906.52
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	256.00	2279.66
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	500.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	256.00	2779.66
21. OTHER DISBURSEMENTS	30830.00	127653.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	114177.66	562339.18

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	357842.45
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	123745.26
25. SUBTOTAL (add Line 23 and Line 24).....	481587.71
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	114177.66
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	367410.05

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

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

FOR LINE NUMBER: PAGE 5 OF 99
(check only one)
 11a 12
 11b 13a
 11c 13b
 11d 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)
Aurora Abella Austriaco

Mailing Address 17 N. Aldine

City Park Ridge State IL Zip Code 60068

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
 07 / 27 / 2015

Transaction ID : SA11AI.10191

Amount of Each Receipt this Period
 750.00

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

Mailing Address 405 Sheridan Road

City Highland Park State IL Zip Code 60035

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

Name of Employer Self-employed Occupation Volunteer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 28 / 2015

Transaction ID : SA11AI.10868

Amount of Each Receipt this Period
 1500.00

C. Full Name (Last, First, Middle Initial)
Jill L Allread

Mailing Address 179-3 Linden Avenue

City Oak Park State IL Zip Code 60302

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

Name of Employer Public Communications Inc. 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
 09 / 30 / 2015

Transaction ID : SA11AI.10777

Amount of Each Receipt this Period
 500.00

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

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

2750.00

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

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

FOR LINE NUMBER: PAGE 6 OF 99
(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)
Mark Anderson

Mailing Address 542 S. Washington

City Park Ridge State IL Zip Code 60068

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
 09 / 30 / 2015

Transaction ID : SA11Al.10771

Amount of Each Receipt this Period
 500.00

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

Mailing Address 4604 N. Winchester

City Chicago State IL Zip Code 60640

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

Name of Employer State of Illinois Occupation 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
 08 / 26 / 2015

Transaction ID : SA11Al.10614

Amount of Each Receipt this Period
 50.00

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

Mailing Address 2713 Port Clinton Road

City Highland State IL Zip Code 60035

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
 07 / 19 / 2015

Transaction ID : SA11Al.10188

Amount of Each Receipt this Period
 100.00

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 7 OF 99
	<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)
Nelson Armour

Mailing Address 2713 Port Clinton Road

City Highland State IL Zip Code 60035

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 **500.00**

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

Transaction ID : SA11AI.10397

Amount of Each Receipt this Period
100.00

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

Mailing Address 1822 West Greenleaf

City Chicago State IL Zip Code 60626

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

Name of Employer Self-employed Occupation Investor

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
09 / 21 / 2015

Transaction ID : SA11AI.10829

Amount of Each Receipt this Period
500.00

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

Mailing Address 3646 Cavalier Court

City Rockford State IL Zip Code 61114

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 **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 31 / 2015

Transaction ID : SA11AI.10728

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 8 OF 99
	<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. Prudence Beidler		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 21 / 2015	
Mailing Address 20 S. Stone Gate Road		Transaction ID : SA11AI.10827	
City Lake Forest	State IL	Zip Code 60045	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1200.00	
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 2700.00		

Full Name (Last, First, Middle Initial) B. Susan Berghoef		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 09 / 2015	
Mailing Address 30 W. Oak Street Unit 3A		Transaction ID : SA11AI.10815	
City Chicago	State IL	Zip Code 60610	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1200.00	
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 2700.00		

Full Name (Last, First, Middle Initial) C. Gershon R. Berkson		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 15 / 2015	
Mailing Address 2735 Woodland Road		Transaction ID : SA11AI.10049	
City Evanston	State IL	Zip Code 60201	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer University of Illinois-Chicago	Occupation Psychology 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).....	2650.00
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 9 OF 99
	<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)
Kay Berkson

Mailing Address 4686 N. Paulina Street

City Chicago State IL Zip Code 60640

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

Name of Employer Self-employed Occupation Photographer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 11 / 2015

Transaction ID : SA11AI.10810

Amount of Each Receipt this Period
 2700.00

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

Mailing Address 6007 N. Sheridan #18A

City Chicago State IL Zip Code 60660

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
 07 / 28 / 2015

Transaction ID : SA11AI.10202

Amount of Each Receipt this Period
 250.00

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

Mailing Address 6007 N. Sheridan #18A

City Chicago State IL Zip Code 60660

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
 08 / 07 / 2015

Transaction ID : SA11AI.10449

Amount of Each Receipt this Period
 100.00

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

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

3050.00

**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 10 OF 99
	<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)
Steve Bernstein

Mailing Address 943 Elmwood

City State Zip Code
Evanston IL 60202

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

Name of Employer Occupation
State of Illinois Judge

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 31 / 2015

Transaction ID : SA11AI.10307

Amount of Each Receipt this Period
100.00

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

Mailing Address 1500 Sheridan Road Apt. 3B

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
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 12 / 2015

Transaction ID : SA11AI.10399

Amount of Each Receipt this Period
250.00

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

Mailing Address 545 W. Aldine #2A

City State Zip Code
Chicago IL 60657

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

Name of Employer Occupation
Self-employed Real Property Consultant

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
 09 / 21 / 2015

Transaction ID : SA11AI.10820

Amount of Each Receipt this Period
100.00

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 99
	<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. Nancie Blatt		Date of Receipt M M / D D / Y Y Y Y Y 08 / 25 / 2015	
Mailing Address 840 Audubon Way SV215		Transaction ID : SA11AI.10534	
City Lincolnshire	State IL	Zip Code 60069	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer Self-employed	Occupation Community Volunteer		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1750.00		

Full Name (Last, First, Middle Initial) B. Joseph Block		Date of Receipt M M / D D / Y Y Y Y Y 09 / 28 / 2015	
Mailing Address 549 Michigan Avenue		Transaction ID : SA11AI.10866	
City Evanston	State IL	Zip Code 60202	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Block Steel Corp.	Occupation Executive/Owner		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00		

Full Name (Last, First, Middle Initial) C. Jeffrey Blum		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2015	
Mailing Address 7310 Cedar Avenue		Transaction ID : SA11AI.10135	
City Takoma Park	State MD	Zip Code 20912	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00	
Name of Employer Center for International Policy	Occupation Senior Fellow		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 475.00		

SUBTOTAL of Receipts This Page (optional).....	1450.00
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 12 OF 99
(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)
Jeffrey Blum

Mailing Address 7310 Cedar Avenue

City Takoma Park State MD Zip Code 20912

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

Name of Employer Center for International Policy Occupation Senior Fellow

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 16 / 2015

Transaction ID : SA11AI.10178

Amount of Each Receipt this Period
125.00

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

Mailing Address 7310 Cedar Avenue

City Takoma Park State MD Zip Code 20912

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

Name of Employer Center for International Policy Occupation Senior Fellow

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **725.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 16 / 2015

Transaction ID : SA11AI.10466

Amount of Each Receipt this Period
125.00

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

Mailing Address 7310 Cedar Avenue

City Takoma Park State MD Zip Code 20912

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

Name of Employer Center for International Policy Occupation Senior Fellow

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **850.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 16 / 2015

Transaction ID : SA11AI.10819

Amount of Each Receipt this Period
125.00

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

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

375.00

**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 13 OF 99
	<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)
Sarah Bradley

Mailing Address 2558 Lincoln Park West Unit 2B

City Chicago	State IL	Zip Code 60614
-----------------	-------------	-------------------

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

Name of Employer Ounce of Prevention Fund	Occupation COO
--	-------------------

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
 07 / 19 / 2015

Transaction ID : SA11AI.10185

Amount of Each Receipt this Period
100.00

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

Mailing Address 870 W. Trailcreek Drive

City Peoria	State IL	Zip Code 61614
----------------	-------------	-------------------

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
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 27 / 2015

Transaction ID : SA11AI.10607

Amount of Each Receipt this Period
300.00

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

Mailing Address 720 S. Dearborn #1101

City Chicago	State IL	Zip Code 60605
-----------------	-------------	-------------------

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

Name of Employer Eckhardt Trading Co.	Occupation Programmer
--	--------------------------

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
 08 / 19 / 2015

Transaction ID : SA11AI.10478

Amount of Each Receipt this Period
300.00

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

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

700.00

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

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

FOR LINE NUMBER: PAGE 14 OF 99
(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)
Philip Burgess

Mailing Address 3800 N Lake Shore Dr., #3-H

City Chicago State IL Zip Code 60613

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
 09 / 30 / 2015

Transaction ID : SA11AI.10877

Amount of Each Receipt this Period
 300.00

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

Mailing Address 3930 N. Pine Grove, #1441

City Chicago State IL Zip Code 60613

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

Name of Employer Governors State University Occupation Professor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 10 / 2015

Transaction ID : SA11AI.10055

Amount of Each Receipt this Period
 100.00

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

Mailing Address 3930 N. Pine Grove, #1441

City Chicago State IL Zip Code 60613

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

Name of Employer Governors State University Occupation Professor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.10432

Amount of Each Receipt this Period
 100.00

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

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

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)
 11a 12 11b 13a 11c 13b 11d 14 15
 PAGE 15 OF 99

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mark Cappello

Mailing Address 1511 W. Ardmore

City Chicago State IL Zip Code 60660

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

Name of Employer Tri County Anesthesia Occupation Nurse Anesthetist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 31 / 2015

Transaction ID : SA11AI.10273

Amount of Each Receipt this Period
 500.00

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

Mailing Address 1232 W. Bryn Mawr

City Chicago State IL Zip Code 60660

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

Name of Employer B&R Developers 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
 08 / 27 / 2015

Transaction ID : SA11AI.10605

Amount of Each Receipt this Period
 200.00

C. Full Name (Last, First, Middle Initial)
Bette Cerf Hill

Mailing Address 415 E. NorthWater Street #1505

City Chicago State IL Zip Code 60611

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

Name of Employer Women's Charter School 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
 09 / 30 / 2015

Transaction ID : SA11AI.10751

Amount of Each Receipt this Period
 300.00

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

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

1000.00

**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 99
(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)
Bette Cerf Hill

Mailing Address 415 E. NorthWater Street #1505

City Chicago State IL Zip Code 60611

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

Name of Employer Women's Charter School 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
 09 / 30 / 2015

Transaction ID : SA11AI.10880

Amount of Each Receipt this Period
 1200.00

3000.00

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

Mailing Address 510 West Erie Street, 2202

City Chicago State IL Zip Code 60654

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

Name of Employer Hughes Socol Piers 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
 07 / 24 / 2015

Transaction ID : SA11AI.10886

Amount of Each Receipt this Period
 1080.00

Conduit: J Street PAC

1080.00

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

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

City Chicago State IL Zip Code 60657

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

Name of Employer Chicago Religious Leadership 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
 09 / 21 / 2015

Transaction ID : SA11AI.10826

Amount of Each Receipt this Period
 500.00

1000.00

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

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

2780.00

**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 99
	<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)
Morton Denlow

Mailing Address 2206 Orrington Ave

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
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 19 / 2015

Transaction ID : SA11AI.10483

Amount of Each Receipt this Period
250.00

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

Mailing Address 1370 Shagbark Lane

City State Zip Code
Des Plaines IL 60018

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
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 23 / 2015

Transaction ID : SA11AI.10084

Amount of Each Receipt this Period
500.00

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

Mailing Address 4654 North Clifton

City State Zip Code
Chicago IL 60640

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
600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 15 / 2015

Transaction ID : SA11AI.10044

Amount of Each Receipt this Period
600.00

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

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

1350.00

**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 18 OF 99
	<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)
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 **1700.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 31 / 2015

Transaction ID : SA11AI.10709

Amount of Each Receipt this Period
50.00

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

Mailing Address 35 W. Wacker Drive

City Chicago State IL Zip Code 60601

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

Name of Employer Winston Strawn 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 Y
 08 / 04 / 2015

Transaction ID : SA11AI.10409

Amount of Each Receipt this Period
300.00

C. 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 **3700.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.10768

Amount of Each Receipt this Period
1000.00

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

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

1350.00

**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 19 OF 99
	<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)
Amy Eshelman

Mailing Address 1733 Irving Park Rd.

City Chicago State IL Zip Code 60613

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

Name of Employer Chicago Public Library Occupation Assistant Commissioner

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
 07 / 12 / 2015

Transaction ID : SA11AI.10057

Amount of Each Receipt this Period
1500.00

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

Mailing Address 400 Skokie Blvd

City Northbrook State IL Zip Code 60062

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
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 31 / 2015

Transaction ID : SA11AI.10672

Amount of Each Receipt this Period
50.00

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

Mailing Address 5400 Meadow Drive North

City Wilmette State IL Zip Code 60091

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
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 25 / 2015

Transaction ID : SA11AI.10526

Amount of Each Receipt this Period
500.00

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 20 OF 99
	<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. Edward Gogol		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 25 / 2015	
Mailing Address 835 Arbor Lane		Transaction ID : SA11AI.10533	
City Glenview	State IL	Zip Code 60025	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer Self-employed	Occupation Agriculture/Writer		
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. Leonard Goodman		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 23 / 2015	
Mailing Address 3000 N. Lake Shore Drive		Transaction ID : SA11AI.10075	
City Chicago	State IL	Zip Code 60657	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00	
Name of Employer Self-employed	Occupation Attorney		
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00		

Full Name (Last, First, Middle Initial) C. Leonard Goodman		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 23 / 2015	
Mailing Address 3000 N. Lake Shore Drive		Transaction ID : SA11AI.10076	
City Chicago	State IL	Zip Code 60657	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00	
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 5400.00		

SUBTOTAL of Receipts This Page (optional).....	5500.00
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 21 OF 99
	<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)
Tom Greenhaw

Mailing Address 901 North Wood, #2

City Chicago State IL Zip Code 60622

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

Name of Employer Nova Libra Occupation Founder

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
 08 / 31 / 2015

Transaction ID : SA11AI.10715

Amount of Each Receipt this Period
100.00

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

Mailing Address 17220 S. Central Avenue

City Tinley Park State IL Zip Code 60477

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

Name of Employer Society of Helpers Occupation Communications

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
 07 / 14 / 2015

Transaction ID : SA11AI.10061

Amount of Each Receipt this Period
300.00

C. 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
1650.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 28 / 2015

Transaction ID : SA11AI.10655

Amount of Each Receipt this Period
150.00

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

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

550.00

**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 22 OF 99
	<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)
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
1550.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 25 / 2015

Transaction ID : SA11AI.10553

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
Philip A. Hannema

Mailing Address 88 W. Schiller, Apt 906

City State Zip Code
Chicago IL 60610

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
 09 / 21 / 2015

Transaction ID : SA11AI.10824

Amount of Each Receipt this Period
300.00

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

Mailing Address 3016 Normandy Place

City State Zip Code
Evanston IL 60201

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

Name of Employer Occupation
Northwestern University University Administrator

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
 08 / 13 / 2015

Transaction ID : SA11AI.10461

Amount of Each Receipt this Period
250.00

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

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

600.00

**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 23 OF 99
	<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. Caroline Heath		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 15 / 2015
Mailing Address 937 Sherman		Transaction ID : SA11AI.10045
City Evanston	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer American Society of Safety Engineers	Occupation Manager, Practice Specialities	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 320.00	

Full Name (Last, First, Middle Initial) B. Caroline Heath		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 25 / 2015
Mailing Address 937 Sherman		Transaction ID : SA11AI.10543
City Evanston	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer American Society of Safety Engineers	Occupation Manager, Practice Specialities	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 370.00	

Full Name (Last, First, Middle Initial) C. Caroline Heath		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 31 / 2015
Mailing Address 937 Sherman		Transaction ID : SA11AI.10729
City Evanston	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5.00
Name of Employer American Society of Safety Engineers	Occupation Manager, Practice Specialities	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 375.00	

SUBTOTAL of Receipts This Page (optional).....	355.00
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 24 OF 99
	<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)
Caroline Heath

Mailing Address 937 Sherman

City Evanston State IL Zip Code 60202

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

Name of Employer American Society of Safety Engineers Occupation Manager, Practice Specialities

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **380.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.10731

Amount of Each Receipt this Period
5.00

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

Mailing Address 1737 Ridgewood Lane

City Glenview State IL Zip Code 60025

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

Name of Employer Honigman Mill Schwartz Occupation Lawyer

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
 08 / 31 / 2015

Transaction ID : SA11AI.10038

Amount of Each Receipt this Period
150.00

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

Mailing Address 325 Dodge

City Evanston State IL Zip Code 60202

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 **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 26 / 2015

Transaction ID : SA11AI.10613

Amount of Each Receipt this Period
250.00

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

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

405.00

**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 99
	<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. Patricia Howse		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 04 / 2015	
Mailing Address 1732 South Indiana		Transaction ID : SA11AI.10415	
City Chicago	State IL	Zip Code 60616	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00	
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 950.00		

Full Name (Last, First, Middle Initial) B. Patricia Howse		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 31 / 2015	
Mailing Address 1732 South Indiana		Transaction ID : SA11AI.10306	
City Chicago	State IL	Zip Code 60616	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00	
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 1100.00		

Full Name (Last, First, Middle Initial) C. Pat Hughes		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 03 / 2015	
Mailing Address 1317 Livingston		Transaction ID : SA11AI.10346	
City Evanston	State IL	Zip Code 60201	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Inclusion Solutions	Occupation Founder		
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).....	600.00
TOTAL This Period (last page this line number only).....	600.00

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

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

FOR LINE NUMBER: PAGE 26 OF 99
(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)
Patrick Hughes

Mailing Address 2020 Washington Avenue

City State Zip Code
Wilmette IL 60091

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

Name of Employer Occupation
Faegre Baker Daniels LLP 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
 07 / 18 / 2015

Transaction ID : SA11AI.10187

Amount of Each Receipt this Period
 300.00

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

Mailing Address 2020 Washington Avenue

City State Zip Code
Wilmette IL 60091

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

Name of Employer Occupation
Faegre Baker Daniels LLP Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 24 / 2015

Transaction ID : SA11AI.10540

Amount of Each Receipt this Period
 50.00

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

Mailing Address 3833 Connecticut Drive

City State Zip Code
Rockford IL 61108

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

Name of Employer Occupation
Information Requested Information Requested

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
 08 / 31 / 2015

Transaction ID : SA11AI.10724

Amount of Each Receipt this Period
 300.00

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: PAGE 27 OF 99
(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)
Iman Jalali

Mailing Address 3913 Michael Lane

City State Zip Code
Glenview IL 60026

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

Name of Employer Occupation
ContextMedia 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
 07 / 31 / 2015

Transaction ID : SA11AI.10282

Amount of Each Receipt this Period
 500.00

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

Mailing Address 7728 West Fargo

City State Zip Code
Chicago IL 60631

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

Name of Employer Occupation
CTA Mechanic

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 18 / 2015

Transaction ID : SA11AI.10392

Amount of Each Receipt this Period
 100.00

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

Mailing Address 441 East 42nd Street

City State Zip Code
Chicago IL 60653

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

Name of Employer Occupation
Illinois Arts Alliance 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
 07 / 24 / 2015

Transaction ID : SA11AI.10225

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 28 OF 99
	<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)
John Kamis

Mailing Address 180 North LaSalle Street #2640

City Chicago State IL Zip Code 60601

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

Name of Employer Carpenter Lipps Leland Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **375.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 31 / 2015

Transaction ID : SA11AI.10287

Amount of Each Receipt this Period
150.00

B. Full Name (Last, First, Middle Initial)
Kelly Anne Keeler Valvanico

Mailing Address 130 S. Canal Street #9M

City Chicago State IL Zip Code 60606

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 **525.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 31 / 2015

Transaction ID : SA11AI.10288

Amount of Each Receipt this Period
300.00

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

Mailing Address 3160 N. Lincoln Ave #505

City Chicago State IL Zip Code 60657

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

Name of Employer Environmental Policy and Law Center 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 Y
 08 / 03 / 2015

Transaction ID : SA11AI.10436

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 29 OF 99
	<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)
Osman Kurbanov

Mailing Address 2938 Southbridge Road

City State Zip Code
Rockford IL 61114

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

Name of Employer Occupation Information Requested
Information Requested

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
 08 31 2015

Transaction ID : SA11AI.10726

Amount of Each Receipt this Period
300.00

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

Mailing Address 3200 N. Lake Shore Drive, Apt. 230

City State Zip Code
Chicago IL 60657

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

Name of Employer Occupation Information Requested
State of Illinois Judge

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
 08 31 2015

Transaction ID : SA11AI.10694

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
Zafra Margolin Lerman

Mailing Address 1911 Grant

City State Zip Code
Evanston IL 60201

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

Name of Employer Occupation Information Requested
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1708.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 19 2015

Transaction ID : SA11AI.10470

Amount of Each Receipt this Period
100.00

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 30 OF 99
	<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)
Zafra Margolin Lerman

Mailing Address 1911 Grant

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
1888.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : SA11AI.10772

Amount of Each Receipt this Period
180.00

B. 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
650.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 27 / 2015

Transaction ID : SA11AI.10194

Amount of Each Receipt this Period
250.00

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

Mailing Address 6304 31st Place, NW

City State Zip Code
Washington DC 20015

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

Name of Employer Occupation
DF Levin Associates Fundraiser

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
09 / 30 / 2015

Transaction ID : SA11AI.10767

Amount of Each Receipt this Period
500.00
Conduit: JStreet PAC

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

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

930.00

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

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

FOR LINE NUMBER: PAGE 31 OF 99
(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)
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
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 31 / 2015

Transaction ID : SA11AI.10262

Amount of Each Receipt this Period
250.00

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
2050.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 19 / 2015

Transaction ID : SA11AI.10484

Amount of Each Receipt this Period
50.00

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

Mailing Address 5032 W. Morse

City State Zip Code
Skokie IL 60077

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

Name of Employer Occupation
Self-employed Healthcare Consultant

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
 08 / 18 / 2015

Transaction ID : SA11AI.10391

Amount of Each Receipt this Period
100.00

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

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

400.00

**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 32 OF 99
	<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)
Douglas MacDonald

Mailing Address 1214 Grant Street

City State Zip Code
Evanston IL 60201

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

Name of Employer Occupation
Self-employed Landscape Design

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
 08 / 28 / 2015

Transaction ID : SA11AI.10636

Amount of Each Receipt this Period
250.00

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

Mailing Address 230 Church Road

City State Zip Code
Winnetka IL 60093

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
1600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 31 / 2015

Transaction ID : SA11AI.10716

Amount of Each Receipt this Period
100.00

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

Mailing Address 1125 Lake Cook Road, Apt. 406

City State Zip Code
Northbrook IL 60062

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
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 31 / 2015

Transaction ID : SA11AI.10254

Amount of Each Receipt this Period
100.00

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 33 OF 99
	<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)
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
450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 20 / 2015

Transaction ID : SA11AI.10513

Amount of Each Receipt this Period
150.00

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

Mailing Address 850 Chalmers Place

City State Zip Code
Chicago IL 60614

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

Name of Employer Occupation
Miner, Barnhill & Galland Attorney

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
 09 / 18 / 2015

Transaction ID : SA11AI.10816

Amount of Each Receipt this Period
2400.00

Conduit: JStreet PAC

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

Mailing Address 1133 Scott Avenue

City State Zip Code
Winnetka IL 60093

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

Name of Employer Occupation
Self-employed Lawyer

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
 08 / 31 / 2015

Transaction ID : SA11AI.10678

Amount of Each Receipt this Period
250.00

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 34 OF 99
	<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)
William Muenster

Mailing Address 901 Hinman Apt 5E

City	State	Zip Code
Evanston	IL	60202

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
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 27 / 2015

Transaction ID : SA11AI.10197

Amount of Each Receipt this Period
100.00

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

Mailing Address 1056 W. NW Northshore, #1W

City	State	Zip Code
Chicago	IL	60626

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
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.10787

Amount of Each Receipt this Period
1000.00

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

Mailing Address 1030 Ridge Avenue

City	State	Zip Code
Evanston	IL	60202

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

Name of Employer	Occupation
Northwestern University	Professor

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
 08 / 18 / 2015

Transaction ID : SA11AI.10386

Amount of Each Receipt this Period
500.00

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

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

1600.00

**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 35 OF 99
	<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)
James Perry

Mailing Address 2630 Parkwyn Drive

City Kalamazoo State MI Zip Code 49008

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
 09 / 30 / 2015

Transaction ID : SA11AI.10742

Amount of Each Receipt this Period
 300.00

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

Mailing Address 608 Asbury #2

City Evanston State IL Zip Code 60202

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

Name of Employer Siani Health Systems Occupation Vice President Govt Affairs

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.10873

Amount of Each Receipt this Period
 50.00

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

Mailing Address 2815 Lakeside Court

City Evanston State IL Zip Code 60201

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

Name of Employer Self-employed Occupation Freelance Writer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 17 / 2015

Transaction ID : SA11AI.10360

Amount of Each Receipt this Period
 500.00

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

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

850.00

**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 99
	<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)
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 **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 24 / 2015

Transaction ID : SA11AI.10783

Amount of Each Receipt this Period
500.00

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

Mailing Address 484 Rockefeller Road

City Lake Forest State IL Zip Code 60045

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

Name of Employer Self-employed Occupation Volunteer

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
08 / 25 / 2015

Transaction ID : SA11AI.10527

Amount of Each Receipt this Period
100.00

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

Mailing Address 46 Lakeview Terrace

City Highland Park State IL Zip Code 60035

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

Name of Employer City of Highland Park Occupation Mayor

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
08 / 29 / 2015

Transaction ID : SA11AI.10669

Amount of Each Receipt this Period
100.00

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

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

700.00

**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 99
	<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)
Marilyn Ruiz

Mailing Address 1580 Sherman Avenue, Apt. 506

City Evanston State IL Zip Code 60201

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

Name of Employer IL State Senate Occupation Legislative Aide

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 24 / 2015

Transaction ID : SA11AI.10523

Amount of Each Receipt this Period
 300.00

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

Mailing Address 415 E. North Water St #W605/606

City Chicago State IL Zip Code 60611

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

Name of Employer Union Medical Center 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
 09 / 28 / 2015

Transaction ID : SA11AI.10865

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 1013 Judson

City Evanston State IL Zip Code 60202

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

Name of Employer Vistria Group Occupation Lobbyist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 03 / 2015

Transaction ID : SA11AI.10434

Amount of Each Receipt this Period
 250.00

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

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

1550.00

**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 38 OF 99
	<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)
Jon Samuels

Mailing Address 1013 Judson

City State Zip Code
Evanston IL 60202

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

Name of Employer Occupation
Vistria Group Lobbyist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 31 / 2015

Transaction ID : SA11AI.10325

Amount of Each Receipt this Period
50.00

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

Mailing Address 6201 N. Moody Avenue

City State Zip Code
Chicago IL 60646

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

Name of Employer Occupation
Heartland Health Centers COO

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
 08 / 07 / 2015

Transaction ID : SA11AI.10442

Amount of Each Receipt this Period
100.00

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

Mailing Address 9528 Springfield

City State Zip Code
Evanston IL 60203

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
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 28 / 2015

Transaction ID : SA11AI.10646

Amount of Each Receipt this Period
250.00

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

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

400.00

**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 99
(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)
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 **850.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 03 / 2015

Transaction ID : SA11AI.10332

Amount of Each Receipt this Period
100.00

B. 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 **950.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 20 / 2015

Transaction ID : SA11AI.10510

Amount of Each Receipt this Period
100.00

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

Mailing Address 77 East Walton #26F

City Chicago State IL Zip Code 60611

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

Name of Employer Self-employed Occupation Social Worker

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
07 / 28 / 2015

Transaction ID : SA11AI.10219

Amount of Each Receipt this Period
250.00

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 40 OF 99
	<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 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
3100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 31 / 2015

Transaction ID : SA11AI.10289

Amount of Each Receipt this Period
100.00

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
3150.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.10732

Amount of Each Receipt this Period
50.00

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

Mailing Address 1237 W. Foster Ave.

City Chicago State IL Zip Code 60640

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

Name of Employer SNR Denton Occupation 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
 07 / 23 / 2015

Transaction ID : SA11AI.10082

Amount of Each Receipt this Period
250.00

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

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

400.00

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

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

FOR LINE NUMBER: PAGE 41 OF 99
(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)
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: 350.00

Date of Receipt: 07 / 31 / 2015

Transaction ID : SA11AI.10267

Amount of Each Receipt this Period: 50.00

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

Mailing Address 690 Longwood

City Glencoe State IL Zip Code 60022

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

Name of Employer: Sidley and Austin
Occupation: Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 5400.00

Date of Receipt: 09 / 30 / 2015

Transaction ID : SA11AI.10759

Amount of Each Receipt this Period: 2700.00

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

Mailing Address 19 N. Delphia

City Park Ridge State IL Zip Code 60068

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: 350.00

Date of Receipt: 08 / 18 / 2015

Transaction ID : SA11AI.10368

Amount of Each Receipt this Period: 150.00

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

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

2900.00

**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 42 OF 99
	<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)
Bill Weeks

Mailing Address 5674 N. Ridge, Apt. 3S

City Chicago State IL Zip Code 60660

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

Name of Employer Chicago Public Schools Occupation Teacher

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 31 / 2015

Transaction ID : SA11AI.10258

Amount of Each Receipt this Period
 500.00

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

Mailing Address 11640 Prospect Drive

City New Buffalo State MI Zip Code 49117

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
 07 / 15 / 2015

Transaction ID : SA11AI.10051

Amount of Each Receipt this Period
 300.00

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

Mailing Address 900 Chicago Ave. #406

City Evanston State IL Zip Code 60202

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

Name of Employer Jakubs Wigoda LLP Occupation Lawyer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 03 / 2015

Transaction ID : SA11AI.10351

Amount of Each Receipt this Period
 125.00

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

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

925.00

**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 99
	<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)
John Wroblewski

Mailing Address 900 Chicago Ave. #406

City Evanston	State IL	Zip Code 60202
------------------	-------------	-------------------

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

Name of Employer Jakubs Wigoda LLP	Occupation Lawyer
---------------------------------------	----------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
375.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.10782

Amount of Each Receipt this Period
100.00

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

Mailing Address 1709 N. North Park Avenue, Unit 2

City Chicago	State IL	Zip Code 60614
-----------------	-------------	-------------------

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
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 19 / 2015

Transaction ID : SA11AI.10189

Amount of Each Receipt this Period
100.00

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

Mailing Address 1038 W. Byron Street #3

City Chicago	State IL	Zip Code 60613
-----------------	-------------	-------------------

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

Name of Employer Starr & Rowells	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 Y
 09 / 30 / 2015

Transaction ID : SA11AI.10756

Amount of Each Receipt this Period
300.00

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

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

500.00

**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 99
(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)
Mark Zivin

Mailing Address 1637 Judson Avenue

City State Zip Code
Evanston IL 60201

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

Name of Employer Occupation
Morrison & Morrison CPA

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1750.00

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

Transaction ID : SA11Al.10424

Amount of Each Receipt this Period
250.00

Conduit: JStreet PAC

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).....

250.00

47870.00

**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 99
	<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)
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
 09 / 30 / 2015

Transaction ID : SA11C.10938

Amount of Each Receipt this Period
 366.92

Total Received Through Conduit This Period
[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Amalgamated Transit Union COPE

Mailing Address 5025 Wisconsin Ave. NW

City State Zip Code
Washington DC 20016

FEC ID number of contributing federal political committee. **C** C00032995

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
 07 / 23 / 2015

Transaction ID : SA11C.10884

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
American Association for Justice PAC

Mailing Address 777 6th Street NW #200

City State Zip Code
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00024521

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
 09 / 30 / 2015

Transaction ID : SA11C.10932

Amount of Each Receipt this Period
 5000.00

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

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

6000.00

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

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

FOR LINE NUMBER: PAGE 46 OF 99
(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)
American Association of Nurse Practitioners PAC

Mailing Address P.O. Box 12846

City State Zip Code
Austin TX 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
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 08 / 2015

Transaction ID : SA11C.10892

Amount of Each Receipt this Period
1500.00

B. Full Name (Last, First, Middle Initial)
American Federation of Teachers COPE

Mailing Address 555 New Jersey Ave. NW

City State Zip Code
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00028860

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
 09 / 11 / 2015

Transaction ID : SA11C.10919

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
American Federation of Teachers COPE

Mailing Address 555 New Jersey Ave. NW

City State Zip Code
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00028860

Name of Employer Occupation

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
 09 / 11 / 2015

Transaction ID : SA11C.10920

Amount of Each Receipt this Period
500.00

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

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

3000.00

**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 47 OF 99
	<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 Federation of Teachers COPE

Mailing Address 555 New Jersey Ave. NW

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00028860

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
 09 / 30 / 2015

Transaction ID : SA11C.10926

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
American Maritime Officers PAF

Mailing Address P.O. Box 66

City Dania Beach State FL Zip Code 33004

FEC ID number of contributing federal political committee. **C** C00027532

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
 07 / 23 / 2015

Transaction ID : SA11C.10882

Amount of Each Receipt this Period
 2500.00

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

Mailing Address 8515 Georgia Avenue #400

City Silver Spring State MD Zip Code 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 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11C.10912

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 48 OF 99
	<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 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
3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 11 / 2015

Transaction ID : SA11C.10921

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
American Postal Workers Union COPE

Mailing Address 1300 L Street, NW

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00010322

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
 07 / 28 / 2015

Transaction ID : SA11C.10898

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
American Psychological Association Practice Organization PAC (APAPO-PAC)

Mailing Address P.O. Box 65353

City State Zip Code
Washington DC 20035

FEC ID number of contributing federal political committee. **C** C00522094

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
 07 / 08 / 2015

Transaction ID : SA11C.10894

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 49 OF 99
(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)
American Veterinary Medical Assn PAC

Mailing Address 1101 Vermont Ave. NW, Suite 710

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00114132

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
 07 / 08 / 2015

Transaction ID : SA11C.10888

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Citizens for David Orr

Mailing Address 1524 Touhy

City Chicago State IL Zip Code 60626

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
 08 / 31 / 2015

Transaction ID : SA11C.10901

Amount of Each Receipt this Period
 50.00

C. Full Name (Last, First, Middle Initial)
Communications Workers of America COPE PCC

Mailing Address 501 3rd Street NW

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00002089

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
 08 / 27 / 2015

Transaction ID : SA11C.10911

Amount of Each Receipt this Period
 5000.00

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

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

6050.00

**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 99
	<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)
Cummins Inc. Political Action Committee (CIPAC)

Mailing Address 601 Pennsylvania Ave., NW Suite 1

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00377952

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
 09 / 30 / 2015

Transaction ID : SA11C.10930

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Dentons US LLP PAC

Mailing Address 1301 K Street, NW, Suite 600E

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00216127

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
 07 / 23 / 2015

Transaction ID : SA11C.10886

Amount of Each Receipt this Period
 1500.00

C. Full Name (Last, First, Middle Initial)
Growth Energy PAC

Mailing Address 777 N. Capitol Street, NE Suite 8

City Washington State DC Zip Code 20002

FEC ID number of contributing federal political committee. **C** C00475665

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
 09 / 30 / 2015

Transaction ID : SA11C.10923

Amount of Each Receipt this Period
 1000.00

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

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

3000.00

**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 99
	<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)
International Brotherhood of Electrical Workers PAC

Mailing Address 900 Seventh Street NW

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00027342**

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
 09 / 30 / 2015

Transaction ID : SA11C.10917

Amount of Each Receipt this Period
 5000.00

B. Full Name (Last, First, Middle Initial)
Intl. Association of Firefighters FIREPAC

Mailing Address 1750 New York Ave. NW

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C C00029447**

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
 08 / 19 / 2015

Transaction ID : SA11C.10908

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
Intl. Brotherhood of Boilermakers Campaign Assistance Fund

Mailing Address 753 State Avenue #565

City Kansas City State KS Zip Code 06610

FEC ID number of contributing federal political committee. **C C00005157**

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
 09 / 30 / 2015

Transaction ID : SA11C.10915

Amount of Each Receipt this Period
 1000.00

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

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: (check only one)	PAGE 52 OF 99
	<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
09 / 30 / 2015

Transaction ID : SA11C.10939

Amount of Each Receipt this Period
 4230.00

Total Received Through Conduit This Period

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
League of Conservation Voters Action Fund

Mailing Address **1920 L Street NW Suite 800**

City **Washington** State **DC** Zip Code **20036**

FEC ID number of contributing federal political committee. **C C00252940**

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
09 / 30 / 2015

Transaction ID : SA11C.10914

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
Management and Training Corporation PAC

Mailing Address **P.O. Box 10**

City **Centerville** State **UT** Zip Code **84014**

FEC ID number of contributing federal political committee. **C C00208322**

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
08 / 04 / 2015

Transaction ID : SA11C.10905

Amount of Each Receipt this Period
 1000.00

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

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

2000.00

**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 99
	<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 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
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 08 / 2015

Transaction ID : SA11C.10891

Amount of Each Receipt this Period
1000.00

B. 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
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 31 / 2015

Transaction ID : SA11C.10899

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
NATIONAL COMMITTEE TO PRESERVE SOCIAL SECURITY & MEDICARE PAC

Mailing Address 10 G Street, NE Suite 600

City Washington	State DC	Zip Code 20002
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00172296

Name of Employer	Occupation
------------------	------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2015

Transaction ID : SA11C.10935

Amount of Each Receipt this Period
1000.00

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

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

3000.00

**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 99
(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)
Northern Trust Corporation PAC

Mailing Address 50 S. La Salle Street, M-9

City Chicago State IL Zip Code 60675

FEC ID number of contributing federal political committee. **C** C00024935

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
 07 / 08 / 2015

Transaction ID : SA11C.10896

Amount of Each Receipt this Period
 1500.00

B. Full Name (Last, First, Middle Initial)
Planned Parenthood Action Fund Inc. PAC

Mailing Address 434 West 33rd Street

City New York State NY Zip Code 10001

FEC ID number of contributing federal political committee. **C** C00314617

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
 09 / 30 / 2015

Transaction ID : SA11C.10925

Amount of Each Receipt this Period
 1500.00

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

Mailing Address 4615 N. Lewis Avenue

City Sioux Falls State SD Zip Code 57104

FEC ID number of contributing federal political committee. **C** C00450692

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
 09 / 30 / 2015

Transaction ID : SA11C.10928

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 55 OF 99
	<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)
SEIU COPE (Service Employees International Union Committee on Political Education)

Mailing Address 1800 Massachusetts Avenue NW

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C C00004036**

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
 08 / 19 / 2015

Transaction ID : SA11C.10907

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
Sheet Metal Workers Intl Assn PAL

Mailing Address 1750 New York Ave., NW

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C C00007542**

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
 09 / 29 / 2015

Transaction ID : SA11C.10934

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

Mailing Address P.O. Box 96920

City Washington State DC Zip Code 20090

FEC ID number of contributing federal political committee. **C C00364158**

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
 07 / 08 / 2015

Transaction ID : SA11C.10890

Amount of Each Receipt this Period
2500.00

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

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

10000.00

**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 56 OF 99
	<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)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

Mailing Address P.O. Box 96920

City Washington State DC Zip Code 20090

FEC ID number of contributing federal political committee. **C** C00364158

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
 08 / 19 / 2015

Transaction ID : SA11C.10909

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
University Public Issues Committee

Mailing Address P.O. Box 62

City Evanston State IL Zip Code 60204

FEC ID number of contributing federal political committee. **C** C00404137

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
 08 / 04 / 2015

Transaction ID : SA11C.10903

Amount of Each Receipt this Period
1000.00

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).....

3500.00

56550.00

**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 99
(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)
Franklin Templeton Investments

Mailing Address PO Box 33030

City State Zip Code
St. Petersburg FL 33733

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
261.61

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 02 / 2015

Transaction ID : SA15.10031

Amount of Each Receipt this Period
33.42

Interest

B. 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. **C**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
291.92

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 03 / 2015

Transaction ID : SA15.10036

Amount of Each Receipt this Period
30.31

Interest

C. 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. **C**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
323.02

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 02 / 2015

Transaction ID : SA15.10037

Amount of Each Receipt this Period
31.10

Interest

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

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

94.83

**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 99
	<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)
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
9854.11

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 21 / 2015

Transaction ID : SA15.10032

Amount of Each Receipt this Period
6.24

Interest

B. 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
9860.54

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 24 / 2015

Transaction ID : SA15.10033

Amount of Each Receipt this Period
6.43

Interest

C. 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
9909.15

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 11 / 2015

Transaction ID : SA15.10035

Amount of Each Receipt this Period
48.61

Interest

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

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

61.28

**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 99
	<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)
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
9915.59

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 14 / 2015

Transaction ID : SA15.10034

Amount of Each Receipt this Period
6.44

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 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).....

6.44

162.55

**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 60 OF 99			
	<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. ActBlue Technical Services			Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2015		
Mailing Address 366 Summer Street			Amount of Each Disbursement this Period 4.10		
City Somerville	State MA	Zip Code 02144	Transaction ID : SB17.9908		
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. ActBlue Technical Services			Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2015		
Mailing Address 366 Summer Street			Amount of Each Disbursement this Period 0.12		
City Somerville	State MA	Zip Code 02144	Transaction ID : SB17.9913		
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. ActBlue Technical Services			Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2015		
Mailing Address 366 Summer Street			Amount of Each Disbursement this Period 3.45		
City Somerville	State MA	Zip Code 02144	Transaction ID : SB17.9914		
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).....	7.67
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 61 OF 99			
	<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. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2015
Mailing Address 366 Summer Street		Amount of Each Disbursement this Period 0.64 Transaction ID : SB17.9915
City Somerville State MA Zip Code 02144	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:		

Full Name (Last, First, Middle Initial) B. ADP		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2015
Mailing Address 100 N. Northwest Pt. Road		Amount of Each Disbursement this Period 102.88 Transaction ID : SB17.9922
City Elk Grove Village State IL Zip Code 60007	Purpose of Disbursement Payroll Processing	
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 07 / 15 / 2015
Mailing Address 100 N. Northwest Pt. Road		Amount of Each Disbursement this Period 562.09 Transaction ID : SB17.9917
City Elk Grove Village State IL Zip Code 60007	Purpose of Disbursement Payroll Taxes	
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).....	665.61
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 62 OF 99			
	<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
Mailing Address 100 N. Northwest Pt. Road		M M / D D / Y Y Y Y 07 / 24 / 2015
City Elk Grove Village	State IL	Zip Code 60007
Purpose of Disbursement Payroll Processing	Amount of Each Disbursement this Period 102.88	
Candidate Name	Transaction ID : SB17.9921	
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:	Category/ Type	

Full Name (Last, First, Middle Initial) B. ADP		Date of Disbursement
Mailing Address 100 N. Northwest Pt. Road		M M / D D / Y Y Y Y 07 / 31 / 2015
City Elk Grove Village	State IL	Zip Code 60007
Purpose of Disbursement Payroll Taxes	Amount of Each Disbursement this Period 562.09	
Candidate Name	Transaction ID : SB17.9920	
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:	Category/ Type	

Full Name (Last, First, Middle Initial) C. ADP		Date of Disbursement
Mailing Address 100 N. Northwest Pt. Road		M M / D D / Y Y Y Y 08 / 07 / 2015
City Elk Grove Village	State IL	Zip Code 60007
Purpose of Disbursement Payroll Processing	Amount of Each Disbursement this Period 102.88	
Candidate Name	Transaction ID : SB17.9923	
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:	Category/ Type	

SUBTOTAL of Disbursements This Page (optional).....	767.88
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 63 OF 99			
	<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 08 / 14 / 2015
Mailing Address 100 N. Northwest Pt. Road		Amount of Each Disbursement this Period 102.88
City Elk Grove Village	State IL Zip Code 60007	
Purpose of Disbursement Payroll Processing	Candidate Name	Transaction ID : SB17.9916
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 08 / 14 / 2015
Mailing Address 100 N. Northwest Pt. Road		Amount of Each Disbursement this Period 558.88
City Elk Grove Village	State IL Zip Code 60007	
Purpose of Disbursement Payroll Taxes	Candidate Name	Transaction ID : SB17.9919
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 08 / 28 / 2015
Mailing Address 100 N. Northwest Pt. Road		Amount of Each Disbursement this Period 557.69
City Elk Grove Village	State IL Zip Code 60007	
Purpose of Disbursement Payroll Taxes	Candidate Name	Transaction ID : SB17.9918
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	1219.45
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 64 OF 99			
	<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
Mailing Address 100 N. Northwest Pt. Road		M M / D D / Y Y Y Y 09 / 04 / 2015
City Elk Grove Village	State IL	Zip Code 60007
Purpose of Disbursement Payroll Processing	Amount of Each Disbursement this Period 102.88	
Candidate Name	Transaction ID : SB17.9925	
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:	Category/Type	

Full Name (Last, First, Middle Initial) B. ADP		Date of Disbursement
Mailing Address 100 N. Northwest Pt. Road		M M / D D / Y Y Y Y 09 / 15 / 2015
City Elk Grove Village	State IL	Zip Code 60007
Purpose of Disbursement Payroll Taxes	Amount of Each Disbursement this Period 557.69	
Candidate Name	Transaction ID : SB17.9927	
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:	Category/Type	

Full Name (Last, First, Middle Initial) C. ADP		Date of Disbursement
Mailing Address 100 N. Northwest Pt. Road		M M / D D / Y Y Y Y 09 / 18 / 2015
City Elk Grove Village	State IL	Zip Code 60007
Purpose of Disbursement Payroll Processing	Amount of Each Disbursement this Period 102.88	
Candidate Name	Transaction ID : SB17.9926	
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:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	763.45
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 65 OF 99			
	<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 09 / 30 / 2015
Mailing Address 100 N. Northwest Pt. Road		Amount of Each Disbursement this Period 557.69
City Elk Grove Village	State IL Zip Code 60007	
Purpose of Disbursement Payroll Taxes	Candidate Name	Transaction ID : SB17.9924
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. American Express		Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2015
Mailing Address P.O. Box 981540		Amount of Each Disbursement this Period 52.50
City El Paso	State TX Zip Code 79998	
Purpose of Disbursement Credit Card Processing Fees	Candidate Name	Transaction ID : SB17.9929
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. American Express		Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2015
Mailing Address P.O. Box 981540		Amount of Each Disbursement this Period 38.59
City El Paso	State TX Zip Code 79998	
Purpose of Disbursement Credit Card Processing Fees	Candidate Name	Transaction ID : SB17.9930
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	648.78
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 66 OF 99			
	<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 08 / 05 / 2015
Mailing Address P.O. Box 981540		Amount of Each Disbursement this Period 14.35
City El Paso	State TX	
Zip Code 79998	Purpose of Disbursement Credit Card Processing Fees	Transaction ID : SB17.9931
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 09 / 08 / 2015
Mailing Address P.O. Box 981540		Amount of Each Disbursement this Period 54.00
City El Paso	State TX	
Zip Code 79998	Purpose of Disbursement Credit Card Processing Fees	Transaction ID : SB17.9928
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 07 / 08 / 2015
Mailing Address 208 Akard Street		Amount of Each Disbursement this Period 518.04
City Dallas	State TX	
Zip Code 75202	Purpose of Disbursement Telephone & Internet Service	Transaction ID : SB17.9936
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).....	586.39
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 67 OF 99			
	<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 07 / 22 / 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		Category/ Type	Transaction ID : SB17.9937
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 08 / 03 / 2015
Mailing Address 208 Akard Street			Amount of Each Disbursement this Period 551.64
City Dallas	State TX	Zip Code 75202	
Purpose of Disbursement Telephone & Internet Service		Category/ Type	Transaction ID : SB17.9935
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 08 / 19 / 2015
Mailing Address 208 Akard Street			Amount of Each Disbursement this Period 78.00
City Dallas	State TX	Zip Code 75202	
Purpose of Disbursement Telephone & Internet Service		Category/ Type	Transaction ID : SB17.9934
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)	693.64
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 68 OF 99			
	<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 09 / 04 / 2015
Mailing Address 208 Akard Street		Amount of Each Disbursement this Period 539.44
City Dallas State TX Zip Code 75202	Purpose of Disbursement Telephone & Internet Service	
Candidate Name		Transaction ID : SB17.9932
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:	Category/Type	

Full Name (Last, First, Middle Initial) B. AT&T		Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 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	
Candidate Name		Transaction ID : SB17.9933
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:	Category/Type	

Full Name (Last, First, Middle Initial) C. AT&T Mobility		Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2015
Mailing Address 208 Akard Street		Amount of Each Disbursement this Period 379.77
City Dallas State TX Zip Code 75202	Purpose of Disbursement Telephone & Internet Service	
Candidate Name		Transaction ID : SB17.9939
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:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	969.21
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 69 OF 99			
	<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 08 / 19 / 2015
Mailing Address 208 Akard Street		Amount of Each Disbursement this Period 461.36 Transaction ID : SB17.9938
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. AT&T Mobility		Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2015
Mailing Address 208 Akard Street		Amount of Each Disbursement this Period 458.28 Transaction ID : SB17.9940
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. Authorize.net		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2015
Mailing Address 915 S. 500 East #200		Amount of Each Disbursement this Period 34.35 Transaction ID : SB17.9943
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).....	953.99
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 70 OF 99			
	<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. Authorize.net		Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2015
Mailing Address 915 S. 500 East #200		Amount of Each Disbursement this Period 38.65
City American Fork	State UT	
Zip Code 84003	Purpose of Disbursement Credit Card Processing Fees	Transaction ID : SB17.9942
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. Authorize.net		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2015
Mailing Address 915 S. 500 East #200		Amount of Each Disbursement this Period 42.10
City American Fork	State UT	
Zip Code 84003	Purpose of Disbursement Credit Card Processing Fees	Transaction ID : SB17.9941
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. Blue Cross Blue Shield of IL		Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2015
Mailing Address PO Box 1364		Amount of Each Disbursement this Period 494.24
City Chicago	State IL	
Zip Code 60690	Purpose of Disbursement Health Insurance	Transaction ID : SB17.9946
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).....	574.99
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 71 OF 99			
	<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. Blue Cross Blue Shield of IL		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2015
Mailing Address PO Box 1364		Amount of Each Disbursement this Period 494.24
City Chicago	State IL	
Zip Code 60690	Purpose of Disbursement Health Insurance	Transaction ID : SB17.9945
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. Broadway 5533 LLC		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2015
Mailing Address P.O. Box 669		Amount of Each Disbursement this Period 1200.00
City Chicago	State IL	
Zip Code 60640	Purpose of Disbursement Office Rent	Transaction ID : SB17.9947
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. Chase Card Services		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2015
Mailing Address PO Box 53084		Amount of Each Disbursement this Period 3716.29
City Atlanta	State GA	
Zip Code 30353	Purpose of Disbursement Itemized Transactions Below	Transaction ID : SB17.9807
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).....	5410.53
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 72 OF 99			
	<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 07 / 15 / 2015		
Mailing Address 4610 North Clark Street			Amount of Each Disbursement this Period 107.32		
City Evanston	State IL	Zip Code 60640	Transaction ID : SB17.9807.1 [MEMO ITEM]		
Purpose of Disbursement Office Supplies		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. Jewel			Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2015		
Mailing Address 1128 Chicago			Amount of Each Disbursement this Period 46.17		
City Evanston	State IL	Zip Code 60202	Transaction ID : SB17.9807.2 [MEMO ITEM]		
Purpose of Disbursement Food and Beverage		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. Lucky Platter			Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2015		
Mailing Address 514 Main Street			Amount of Each Disbursement this Period 68.69		
City Evanston	State IL	Zip Code 60202	Transaction ID : SB17.9807.4 [MEMO ITEM]		
Purpose of Disbursement Food and Beverage		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).....	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 73 OF 99			
	<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. Talay Thai		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address 406 First Street SE		Amount of Each Disbursement this Period 119.51
City Washington State DC Zip Code 20003	Purpose of Disbursement Food and Beverage	
Candidate Name	Category/Type	Transaction ID : SB17.9807.5 [MEMO ITEM]
Office Sought: House Senate President	Disbursement For: Primary General Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Washington Court Hotel		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address 525 New Jersey Avenue NW		Amount of Each Disbursement this Period 399.60
City Washington State DC Zip Code 20001	Purpose of Disbursement Travel Expenses	
Candidate Name	Category/Type	Transaction ID : SB17.9807.6 [MEMO ITEM]
Office Sought: House Senate President	Disbursement For: Primary General Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. U.S. Postal Service		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address 1101 Davis		Amount of Each Disbursement this Period 294.00
City Evanston State IL Zip Code 60201	Purpose of Disbursement Postage	
Candidate Name	Category/Type	Transaction ID : SB17.9807.7 [MEMO ITEM]
Office Sought: House Senate President	Disbursement For: Primary General 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 74 OF 99			
	<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. Pompei Little Italy		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2015
Mailing Address 1531 W. Taylor Street		Amount of Each Disbursement this Period 558.58
City Chicago	State IL Zip Code 60607	
Purpose of Disbursement Catering	Candidate Name	Transaction ID : SB17.9807.12
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. Taylor Gourmet		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2015
Mailing Address 624 E Street NW		Amount of Each Disbursement this Period 400.00
City Washington	State DC Zip Code 20004	
Purpose of Disbursement Catering	Candidate Name	Transaction ID : SB17.9807.15
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. Headquarters Beercade River North		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2015
Mailing Address 213 W. Institute Place		Amount of Each Disbursement this Period 693.00
City Chicago	State IL Zip Code 60610	
Purpose of Disbursement Catering	Candidate Name	Transaction ID : SB17.9807.16
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 75 OF 99			
	<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 08 / 21 / 2015
Mailing Address PO Box 53084		Amount of Each Disbursement this Period 5592.78
City Atlanta	State GA	
Zip Code 30353	Purpose of Disbursement Itemized Transactions Below	Transaction ID : SB17.9855
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 08 / 21 / 2015
Mailing Address 1128 Chicago		Amount of Each Disbursement this Period 8.16
City Evanston	State IL	
Zip Code 60202	Purpose of Disbursement Food and Beverage	Transaction ID : SB17.9855.0 [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. U.S. Postal Service		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2015
Mailing Address 1101 Davis		Amount of Each Disbursement this Period 910.00
City Evanston	State IL	
Zip Code 60201	Purpose of Disbursement Postage	Transaction ID : SB17.9855.2 [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).....	5592.78
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 76 OF 99			
	<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. Skokie House of Rental			Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2015
Mailing Address 5115 Church Street			Amount of Each Disbursement this Period 456.00
City Skokie	State IL	Zip Code 60077	
Purpose of Disbursement Equipment Rental		Category/ Type	Transaction ID : SB17.9855.3 [MEMO ITEM]
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. Staples			Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2015
Mailing Address 4610 North Clark Street			Amount of Each Disbursement this Period 72.03
City Evanston	State IL	Zip Code 60640	
Purpose of Disbursement Office Supplies		Category/ Type	Transaction ID : SB17.9855.4 [MEMO ITEM]
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. Lucky Platter			Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2015
Mailing Address 514 Main Street			Amount of Each Disbursement this Period 38.07
City Evanston	State IL	Zip Code 60202	
Purpose of Disbursement Food and Beverage		Category/ Type	Transaction ID : SB17.9855.7 [MEMO ITEM]
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)	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 77 OF 99			
	<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. Francesca's Bryn Mawr		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2015
Mailing Address 1039 W. Bryn Mawr Avenue		Amount of Each Disbursement this Period 522.38
City Chicago	State IL	Zip Code 60660
Purpose of Disbursement Catering	Category/Type	
Candidate Name	Transaction ID : SB17.9855.10	
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:	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) B. AOL		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2015
Mailing Address 770 Broadway		Amount of Each Disbursement this Period 23.99
City New York	State NY	Zip Code 10003
Purpose of Disbursement Internet Service	Category/Type	
Candidate Name	Transaction ID : SB17.9855.11	
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:	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) c. Wired for Change		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2015
Mailing Address 1700 Connecticut Avenue NW #402		Amount of Each Disbursement this Period 1050.00
City Washington	State DC	Zip Code 20009
Purpose of Disbursement Website Maintenance	Category/Type	
Candidate Name	Transaction ID : SB17.9855.12	
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:	[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 78 OF 99			
	<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. Southwest Airlines		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2015
Mailing Address P.O. Box 36647		Amount of Each Disbursement this Period 259.99
City Dallas	State TX	
Zip Code 75235	Purpose of Disbursement Travel Expenses	Transaction ID : SB17.9855.13
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) B. Headquarters Beercade River North		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2015
Mailing Address 213 W. Institute Place		Amount of Each Disbursement this Period 1866.80
City Chicago	State IL	
Zip Code 60610	Purpose of Disbursement Catering	Transaction ID : SB17.9855.14
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-Haul Evanston		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2015
Mailing Address 2125 Dempster Street		Amount of Each Disbursement this Period 276.25
City Evanston	State IL	
Zip Code 60201	Purpose of Disbursement Vehicle Rental	Transaction ID : SB17.9855.16
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).....	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 79 OF 99	
	<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. Target Evanston		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2015
Mailing Address 2209 Howard Street		Amount of Each Disbursement this Period 165.75
City Evanston	State IL	
Zip Code 60202	Purpose of Disbursement Office Supplies	Transaction ID : SB17.9855.18
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. Chase Card Services		Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2015
Mailing Address PO Box 53084		Amount of Each Disbursement this Period 1259.43
City Atlanta	State GA	
Zip Code 30353	Purpose of Disbursement Itemized Transactions Below	Transaction ID : SB17.9885
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. U.S. Postal Service		Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2015
Mailing Address 1101 Davis		Amount of Each Disbursement this Period 266.00
City Evanston	State IL	
Zip Code 60201	Purpose of Disbursement Postage	Transaction ID : SB17.9885.0
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:		

SUBTOTAL of Disbursements This Page (optional).....	1259.43
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 80 OF 99			
	<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. Jewel		Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2015
Mailing Address 1128 Chicago		Amount of Each Disbursement this Period 38.40
City Evanston	State IL	
Zip Code 60202	Purpose of Disbursement Food and Beverage	Transaction ID : SB17.9885.2
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. Nookies		Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2015
Mailing Address 1100 W. Bryn Mawr Avenue		Amount of Each Disbursement this Period 119.48
City Chicago	State IL	
Zip Code 60660	Purpose of Disbursement Catering	Transaction ID : SB17.9885.4
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. Lucky Platter		Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2015
Mailing Address 514 Main Street		Amount of Each Disbursement this Period 44.66
City Evanston	State IL	
Zip Code 60202	Purpose of Disbursement Food and Beverage	Transaction ID : SB17.9885.6
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).....	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 81 OF 99			
	<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. Wired for Change		Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 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 : SB17.9885.7
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:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. AOL		Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2015
Mailing Address 770 Broadway		Amount of Each Disbursement this Period 23.99
City New York State NY Zip Code 10003	Purpose of Disbursement Internet Service	
Candidate Name		Transaction ID : SB17.9885.8
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:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) c. Chicago Jewish News		Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2015
Mailing Address 5301 W. Dempster		Amount of Each Disbursement this Period 276.25
City Skokie State IL Zip Code 60076	Purpose of Disbursement Advertisement	
Candidate Name		Transaction ID : SB17.9949
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:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	276.25
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 82 OF 99		
	<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. Des Plaines Chamber of Commerce		Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2015
Mailing Address 1401 E Oakton St.		Amount of Each Disbursement this Period 25.00 Transaction ID : SB17.9954
City Des Plaines State IL Zip Code 60018	Purpose of Disbursement Event Ticket	
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. Diamond Marketing Solutions		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2015
Mailing Address 280 Madsen Drive		Amount of Each Disbursement this Period 2675.46 Transaction ID : SB17.9955
City Bloomingtondale State IL Zip Code 60108	Purpose of Disbursement Mailing Expenses	
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. Gersten, Sarah		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2015
Mailing Address 3909 N. Sheridan #1H		Amount of Each Disbursement this Period 3990.00 Transaction ID : SB17.9962
City Chicago State IL Zip Code 60613	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).....	6690.46
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 99	
	<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 07 / 31 / 2015
Mailing Address 3909 N. Sheridan #1H		Amount of Each Disbursement this Period 3990.00 Transaction ID : SB17.9958
City Chicago	State IL Zip Code 60613	
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. Gersten, Sarah		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2015
Mailing Address 3909 N. Sheridan #1H		Amount of Each Disbursement this Period 3990.00 Transaction ID : SB17.9960
City Chicago	State IL Zip Code 60613	
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. Gersten, Sarah		Date of Disbursement M M / D D / Y Y Y Y 08 / 28 / 2015
Mailing Address 3909 N. Sheridan #1H		Amount of Each Disbursement this Period 3990.00 Transaction ID : SB17.9963
City Chicago	State IL Zip Code 60613	
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).....	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 84 OF 99			
	<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 MM / DD / YYYY 09 / 15 / 2015		
Mailing Address 3909 N. Sheridan #1H			Amount of Each Disbursement this Period 3990.00		
City Chicago	State IL	Zip Code 60613	Transaction ID : SB17.9959		
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. Gersten, Sarah			Date of Disbursement MM / DD / YYYY 09 / 30 / 2015		
Mailing Address 3909 N. Sheridan #1H			Amount of Each Disbursement this Period 3990.00		
City Chicago	State IL	Zip Code 60613	Transaction ID : SB17.9961		
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. Head, Benjamin			Date of Disbursement MM / DD / YYYY 07 / 15 / 2015		
Mailing Address 2300 Lincoln Park West #701			Amount of Each Disbursement this Period 2500.00		
City Chicago	State IL	Zip Code 60614	Transaction ID : SB17.9970		
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).....	10480.00
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 85 OF 99		
	<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 07 / 31 / 2015
Mailing Address 2300 Lincoln Park West #701		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.9969
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 08 / 14 / 2015
Mailing Address 2300 Lincoln Park West #701		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.9965
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 08 / 28 / 2015
Mailing Address 2300 Lincoln Park West #701		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.9966
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 86 OF 99			
	<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 09 / 15 / 2015
Mailing Address 2300 Lincoln Park West #701		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.9964
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 09 / 30 / 2015
Mailing Address 2300 Lincoln Park West #701		Amount of Each Disbursement this Period 554.75 Transaction ID : SB17.9967
City Chicago State IL Zip Code 60614	Purpose of Disbursement Travel - Mileage	
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 09 / 30 / 2015
Mailing Address 2300 Lincoln Park West #701		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.9968
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).....	5554.75
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 99			
	<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. Heckys BBQ		Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2015
Mailing Address 1902 Green Bay Road		Amount of Each Disbursement this Period 3302.58
City Evanston	State IL Zip Code 60201	
Purpose of Disbursement Catering	Category/Type	Transaction ID : SB17.9972
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 07 / 24 / 2015
Mailing Address P.O. Box 33106		Amount of Each Disbursement this Period 35.10
City Washington	State DC Zip Code 20033	
Purpose of Disbursement Credit Card Processing Fees	Category/Type	Transaction ID : SB17.9976
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 08 / 04 / 2015
Mailing Address P.O. Box 33106		Amount of Each Disbursement this Period 8.13
City Washington	State DC Zip Code 20033	
Purpose of Disbursement Credit Card Processing Fees	Category/Type	Transaction ID : SB17.9977
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).....	3345.81
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 99			
	<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 09 / 18 / 2015	
Mailing Address P.O. Box 33106			Amount of Each Disbursement this Period 78.00	
City Washington	State DC	Zip Code 20033	Transaction ID : SB17.9975	
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 09 / 30 / 2015	
Mailing Address P.O. Box 33106			Amount of Each Disbursement this Period 16.25	
City Washington	State DC	Zip Code 20033	Transaction ID : SB17.10940	
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. Lincolnwood Chamber of Commerce			Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2015	
Mailing Address 7001 N. Lawnbridge			Amount of Each Disbursement this Period 230.00	
City Lincolnwood	State IL	Zip Code 60072	Transaction ID : SB17.9982	
Purpose of Disbursement Membership Dues		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).....	324.25
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 99			
	<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. Lubeznik Center for the Arts		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2015
Mailing Address 101 W. 2nd Street		Amount of Each Disbursement this Period 300.00
City Michigan City	State IL	
Zip Code 46360	Purpose of Disbursement Event Ticket	Transaction ID : SB17.9984
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. Mid-City Printing		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2015
Mailing Address 5526 W. Montrose		Amount of Each Disbursement this Period 470.00
City Chicago	State IL	
Zip Code 60641	Purpose of Disbursement Printing	Transaction ID : SB17.9987
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. Mid-City Printing		Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2015
Mailing Address 5526 W. Montrose		Amount of Each Disbursement this Period 390.00
City Chicago	State IL	
Zip Code 60641	Purpose of Disbursement Printing	Transaction ID : SB17.9989
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).....	1160.00
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 90 OF 99			
	<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 09 / 09 / 2015
Mailing Address 5526 W. Montrose		Amount of Each Disbursement this Period 1240.00
City Chicago	State IL Zip Code 60641	
Purpose of Disbursement Printing	Candidate Name	Transaction ID : SB17.9985
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 09 / 17 / 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	Candidate Name	Transaction ID : SB17.9988
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 09 / 30 / 2015
Mailing Address 5526 W. Montrose		Amount of Each Disbursement this Period 148.00
City Chicago	State IL Zip Code 60641	
Purpose of Disbursement Printing	Candidate Name	Transaction ID : SB17.9986
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	3130.00
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 91 OF 99			
	<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 07 / 03 / 2015
Mailing Address 700 E. Lake Cook Road		Amount of Each Disbursement this Period 225.48
City Buffalo Grove	State IL	
Zip Code 60089	Purpose of Disbursement Credit Card Processing Fees	Transaction ID : SB17.9992
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 07 / 03 / 2015
Mailing Address 700 E. Lake Cook Road		Amount of Each Disbursement this Period 265.97
City Buffalo Grove	State IL	
Zip Code 60089	Purpose of Disbursement Credit Card Processing Fees	Transaction ID : SB17.9993
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 08 / 03 / 2015
Mailing Address 700 E. Lake Cook Road		Amount of Each Disbursement this Period 136.94
City Buffalo Grove	State IL	
Zip Code 60089	Purpose of Disbursement Credit Card Processing Fees	Transaction ID : SB17.9994
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).....	628.39
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 99			
	<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 08 / 03 / 2015
Mailing Address 700 E. Lake Cook Road		Amount of Each Disbursement this Period 224.68
City Buffalo Grove	State IL	
Zip Code 60089	Purpose of Disbursement Credit Card Processing Fees	Transaction ID : SB17.9995
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 09 / 03 / 2015
Mailing Address 700 E. Lake Cook Road		Amount of Each Disbursement this Period 199.53
City Buffalo Grove	State IL	
Zip Code 60089	Purpose of Disbursement Credit Card Processing Fees	Transaction ID : SB17.9990
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 09 / 03 / 2015
Mailing Address 700 E. Lake Cook Road		Amount of Each Disbursement this Period 257.47
City Buffalo Grove	State IL	
Zip Code 60089	Purpose of Disbursement Credit Card Processing Fees	Transaction ID : SB17.9991
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).....	681.68
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 99			
	<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 09 / 08 / 2015
Mailing Address 5926 N. Artesian 1st Floor		Amount of Each Disbursement this Period 140.00
City Chicago	State IL Zip Code 60640	
Purpose of Disbursement Office Cleaning	Candidate Name	Transaction ID : SB17.10001
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. The Travelers		Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2015
Mailing Address CL&Speciality Remittance Center		Amount of Each Disbursement this Period 1391.00
City Hartford	State CT Zip Code 06183	
Purpose of Disbursement Workers Compensation Insurance	Candidate Name	Transaction ID : SB17.10006
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. Tuite, Jacque		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 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 : SB17.10008
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	2331.00
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 99			
	<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 07 / 31 / 2015
Mailing Address 2212 W. Palmer		Amount of Each Disbursement this Period 800.00 Transaction ID : SB17.10009
City Chicago	State IL Zip Code 60647	
Purpose of Disbursement Salary	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) B. Tuite, Jacque		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2015
Mailing Address 2212 W. Palmer		Amount of Each Disbursement this Period 800.00 Transaction ID : SB17.10007
City Chicago	State IL Zip Code 60647	
Purpose of Disbursement Salary	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) c. Tuite, Jacque		Date of Disbursement M M / D D / Y Y Y Y 08 / 28 / 2015
Mailing Address 2212 W. Palmer		Amount of Each Disbursement this Period 800.00 Transaction ID : SB17.10011
City Chicago	State IL Zip Code 60647	
Purpose of Disbursement Salary	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
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 95 OF 99			
	<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 09 / 15 / 2015
Mailing Address 2212 W. Palmer		Amount of Each Disbursement this Period 800.00 Transaction ID : SB17.10012
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 09 / 30 / 2015
Mailing Address 2212 W. Palmer		Amount of Each Disbursement this Period 800.00 Transaction ID : SB17.10010
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. U.S. Holocaust Memorial Museum		Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2015
Mailing Address P.O. Box 1852		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.10014
City Highland Park	State IL Zip Code 60035	
Purpose of Disbursement Event Tickets	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).....	1850.00
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 96 OF 99			
	<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. Wide Eye Creative			Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2015	
Mailing Address 411 Smith Street			Amount of Each Disbursement this Period 500.00	
City Brooklyn	State NY	Zip Code 11231	Transaction ID : SB17.10016	
Purpose of Disbursement Website Hosting		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. Yes Promotions, Inc.			Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2015	
Mailing Address 750 N. Franklin			Amount of Each Disbursement this Period 2851.88	
City Chicago	State IL	Zip Code 60610	Transaction ID : SB17.10019	
Purpose of Disbursement Printing & Production		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.			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		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).....	3351.88
TOTAL This Period (last page this line number only).....	81788.24

**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 97 OF 99			
	<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. Seymour Schwartz		Date of Disbursement <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>02</td> <td></td> <td>2015</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	09		02		2015
M M	/	D D	/	Y Y Y Y								
09		02		2015								
Mailing Address 9528 Springfield		Amount of Each Disbursement this Period <table border="1"> <tr> <td>250.00</td> </tr> </table>	250.00									
250.00												
City Evanston State IL Zip Code 60203	Transaction ID : SB20A.10937											
Purpose of Disbursement Contribution Refund												
Candidate Name	Category/Type											
Office Sought: <table border="1"> <tr><td><input type="checkbox"/></td><td>House</td></tr> <tr><td><input type="checkbox"/></td><td>Senate</td></tr> <tr><td><input type="checkbox"/></td><td>President</td></tr> </table>	<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)					
<input type="checkbox"/>	House											
<input type="checkbox"/>	Senate											
<input type="checkbox"/>	President											
State: District:												

Full Name (Last, First, Middle Initial) B.		Date of Disbursement <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	M M	/	D D	/	Y Y Y Y					
M M	/	D D	/	Y Y Y Y								
Mailing Address		Amount of Each Disbursement this Period <table border="1"> <tr> <td></td> </tr> </table>										
City State Zip Code	Category/Type											
Purpose of Disbursement												
Candidate Name												
Office Sought: <table border="1"> <tr><td><input type="checkbox"/></td><td>House</td></tr> <tr><td><input type="checkbox"/></td><td>Senate</td></tr> <tr><td><input type="checkbox"/></td><td>President</td></tr> </table>	<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)					
<input type="checkbox"/>	House											
<input type="checkbox"/>	Senate											
<input type="checkbox"/>	President											
State: District:												

Full Name (Last, First, Middle Initial) C.		Date of Disbursement <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	M M	/	D D	/	Y Y Y Y					
M M	/	D D	/	Y Y Y Y								
Mailing Address		Amount of Each Disbursement this Period <table border="1"> <tr> <td></td> </tr> </table>										
City State Zip Code	Category/Type											
Purpose of Disbursement												
Candidate Name												
Office Sought: <table border="1"> <tr><td><input type="checkbox"/></td><td>House</td></tr> <tr><td><input type="checkbox"/></td><td>Senate</td></tr> <tr><td><input type="checkbox"/></td><td>President</td></tr> </table>	<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)					
<input type="checkbox"/>	House											
<input type="checkbox"/>	Senate											
<input type="checkbox"/>	President											
State: District:												

SUBTOTAL of Disbursements This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	250.00

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)
17 18 19a 19b
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A. Citizen Action Illinois

Full Name (Last, First, Middle Initial)
Mailing Address 28 E. Jackson Blvd., #605

City Chicago State IL Zip Code 60604

Purpose of Disbursement Contribution

Candidate Name

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

State: District:

Date of Disbursement
08 / 20 / 2015

Amount of Each Disbursement this Period
2500.00

Transaction ID : SB21.10022

B. Citizen Action Illinois

Full Name (Last, First, Middle Initial)
Mailing Address 28 E. Jackson Blvd., #605

City Chicago State IL Zip Code 60604

Purpose of Disbursement Contribution

Candidate Name

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

State: District:

Date of Disbursement
09 / 04 / 2015

Amount of Each Disbursement this Period
750.00

Transaction ID : SB21.10023

C. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial)
Mailing Address 430 SOUTH CAPITOL STREET, SE
2ND FLOOR

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement Unlimited Transfer

Candidate Name

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

State: District:

Date of Disbursement
07 / 09 / 2015

Amount of Each Disbursement this Period
13600.00

Transaction ID : SB21.10027

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

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

16850.00

**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 99 OF 99			
	<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 09 / 04 / 2015
Mailing Address 430 SOUTH CAPITOL STREET, SE 2ND FLOOR		Amount of Each Disbursement this Period 13600.00 Transaction ID : SB21.10028
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.		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).....	13600.00
TOTAL This Period (last page this line number only).....	30450.00