

**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 47 OF 51	
	<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)  
**Byrne for Congress**

**A. GORELL FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
GORELL FOR CONGRESS

Mailing Address 1305 DEL NORTE ROAD SUITE 105  
Suite 105

City CAMARILLO State CA Zip Code 93010-8367

Purpose of Disbursement  
Political Contribution

Candidate Name  
**Jeff Gorell**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify)

State: CA District: 26

Date of Disbursement  
M M / D D / Y Y Y Y  
06 / 16 / 2014

Amount of Each Disbursement this Period  
500.00

Transaction ID : B9CC81A6B18DB4127AB5

**B. BOBBY SCHILLING FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
BOBBY SCHILLING FOR CONGRESS

Mailing Address 367 AVENUE OF THE CITIES SUITE D  
Suite D

City EAST MOLINE State IL Zip Code 61244-4053

Purpose of Disbursement  
Political Contribution

Candidate Name  
**Robert T Schilling**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify)

State: IL District: 17

Date of Disbursement  
M M / D D / Y Y Y Y  
06 / 16 / 2014

Amount of Each Disbursement this Period  
500.00

Transaction ID : B09E061BF6F8547A09A9

**C. SENGER FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
SENGER FOR CONGRESS

Mailing Address PO BOX 4883

City NAPERVILLE State IL Zip Code 60567-4883

Purpose of Disbursement  
Political Contribution

Candidate Name  
**Darlene Senger**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify)

State: IL District: 11

Date of Disbursement  
M M / D D / Y Y Y Y  
06 / 16 / 2014

Amount of Each Disbursement this Period  
500.00

Transaction ID : B29B79372EFD44119A0D

**SUBTOTAL** of Disbursements This Page (optional)..... 1500.00

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