

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Schneider for Congress

Full Name (Last, First, Middle Initial)

**A. Lundin, Judith, , ,**Mailing Address 51 Birdsong Way  
Apt A306City  
Hilton Head IslandState  
SCZip Code  
29926-1357Purpose of Disbursement  
Refund of ActBlue

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		30		2016

FEC Identification Number

C

Amount of Each Disbursement this Period

100.00

Transaction ID : VQZ49AB2AX2

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Kulas, Julian, Edward, ,**

Mailing Address 1823 Stewart Ave

City  
Park RidgeState  
ILZip Code  
60068-3858Purpose of Disbursement  
Refund of ActBlue

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		06		2016

FEC Identification Number

C

Amount of Each Disbursement this Period

100.00

Transaction ID : VQZ49AB6AX2

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. Lorch, Kenneth, F, ,**

Mailing Address 1812 Isabella St

City  
WilmetteState  
ILZip Code  
60091-3209Purpose of Disbursement  
Refund of ActBlue

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		30		2016

FEC Identification Number

C

Amount of Each Disbursement this Period

100.00

Transaction ID : VQZ49AB2A13

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

300.00

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