

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

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

FOR LINE NUMBER:
(check only one)

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

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)
BECAUSE I CARE POLITICAL ACTION COMMITTEE (BICPAC)

A.	Full Name (Last, First, Middle Initial) OZINGA FOR CONGRESS	Transaction ID: SB23.4567 Date of Disbursement
	Mailing Address 19001 OLD LAGRANGE ROAD SUITE 430	<input type="text" value="10"/> <input type="text" value="08"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City MOKENA State IL Zip Code 60448	Amount of Each Disbursement this Period
	Purpose of Disbursement <input type="text"/>	<input type="text" value="1000.00"/>
	Candidate Name OZINGA FOR CONGRESS	Category/Type <input type="text"/>
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 11	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) STIVERS FOR CONGRESS	Transaction ID: SB23.4566 Date of Disbursement
	Mailing Address 81 S FIFTH STREET	<input type="text" value="10"/> <input type="text" value="08"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City COLUMBUS State OH Zip Code 43215	Amount of Each Disbursement this Period
	Purpose of Disbursement <input type="text"/>	<input type="text" value="1000.00"/>
	Candidate Name STIVERS FOR CONGRESS	Category/Type <input type="text"/>
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) TOM FEENEY FOR CONGRESS	Transaction ID: SB23.4571 Date of Disbursement
	Mailing Address P. O. Box 622345	<input type="text" value="10"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Oviedo State FL Zip Code 32762	Amount of Each Disbursement this Period
	Purpose of Disbursement <input type="text"/>	<input type="text" value="1000.00"/>
	Candidate Name TOM FEENEY FOR CONGRESS	Category/Type <input type="text"/>
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 24	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="5500.00"/>