

# **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)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Friends of Sara

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Ms. Marietta Kuchuris</p> <p>Mailing Address 950 N Michigan Ave Apt 4306</p> <p>City Chicago State IL Zip Code 60611-7525</p> <p>Purpose of Disbursement Contribution Refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President            Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼            State: District:</p>	<p><b>Transaction ID:</b> D2293</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 0 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period  <div> <div></div> <div>50.00</div> </div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Mr. donald levin</p> <p>Mailing Address 3001 Ridge Road</p> <p>City Highland Park State IL Zip Code 60035</p> <p>Purpose of Disbursement Contribution Refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President            Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼            State: District:</p>	<p><b>Transaction ID:</b> D2287</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 0 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period  <div> <div></div> <div>2300.00</div> </div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) kathleen Levin</p> <p>Mailing Address 3001 Ridge rd</p> <p>City Highland Park State IL Zip Code 60035</p> <p>Purpose of Disbursement Contribution Refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President            Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼            State: District:</p>	<p><b>Transaction ID:</b> D2288</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 0 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period  <div> <div></div> <div>2300.00</div> </div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

**4650.00**

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