

**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

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NAME OF COMMITTEE (In Full)
PAC for a Change

Full Name (Last, First, Middle Initial) A. NARAL Pro-Choice America PAC		Date of Disbursement MM / DD / YYYY 02 / 17 / 2016
Mailing Address 1156 - 15th Street, NW Suite 700		Transaction ID : D521982
City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Federal Contribution	Candidate Name	<input type="checkbox"/> Memo Item
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. TAMMY FOR ILLINOIS		Date of Disbursement MM / DD / YYYY 02 / 09 / 2016
Mailing Address PO BOX 10793		Transaction ID : D521985
City CHICAGO State IL Zip Code 60610	Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement Federal Contribution	Candidate Name L Tammy Duckworth	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: IL District: 00	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		Transaction ID :
City State Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement	Candidate Name	<input type="checkbox"/> Memo Item
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)..... ▶	5500.00
TOTAL This Period (last page this line number only)..... ▶	12500.00