

**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)
Fund For American Opportunity

Full Name (Last, First, Middle Initial)

A. Dold For Congress

Mailing Address PO Box 8145

City Northfield State IL Zip Code 60093-8145

Purpose of Disbursement
Primary Contribution

011

Candidate Name

Bob Dold

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 10

Date of Disbursement

MM / DD / YYYY
03 / 04 / 2014

Transaction ID : SB23-565-988-e

Amount of Each Disbursement this Period

2000

Full Name (Last, First, Middle Initial)

B. Brian Ellis for Congress

Mailing Address PO Box 6568

City Grand Rapids State MI Zip Code 49516-6568

Purpose of Disbursement
Primary Contribution

011

Candidate Name

Brian R Ellis

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District: 03

Date of Disbursement

MM / DD / YYYY
03 / 06 / 2014

Transaction ID : SB23-801-989-e

Amount of Each Disbursement this Period

2500

Full Name (Last, First, Middle Initial)

C. Berger for Congress

Mailing Address PO Box 3117

City Eden State NC Zip Code 27289-3117

Purpose of Disbursement
Primary Contribution

011

Candidate Name

Phil Berger Jr.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NC District: 06

Date of Disbursement

MM / DD / YYYY
03 / 28 / 2014

Transaction ID : SB23-809-999-e

Amount of Each Disbursement this Period

1000

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

5500.00

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