

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"/> 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)
ATN International, Inc. Political Action Committee (ATN PAC)

A. VOLUNTEERS FOR SHIMKUS

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 661

M M M	/	D D D	/	Y Y Y Y Y
10		18		2016

City COLLINSVILLE State IL Zip Code 62234

FEC Identification Number

Purpose of Disbursement
Political contribution

C

Candidate Name

011
Category/ Type

Transaction ID : SB23.5191

Amount of Each Disbursement this Period

Office Sought: House
 Senate
 President
State: IL District: 15

Disbursement For: 2016
 Primary General
 Other (specify) ▼

2000.00

Memo Item

B. WYDEN FOR SENATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 232 NE 9TH AVENUE

M M M	/	D D D	/	Y Y Y Y Y
10		17		2016

City PORTLAND State OR Zip Code 97232

FEC Identification Number

Purpose of Disbursement
Political contribution

C

Candidate Name

011
Category/ Type

Transaction ID : SB23.5190

Amount of Each Disbursement this Period

Office Sought: House
 Senate
 President
State: OR District: 00

Disbursement For: 2016
 Primary General
 Other (specify) ▼

1000.00

Memo Item

C.

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

M M M	/	D D D	/	Y Y Y Y Y
-------	---	-------	---	-----------

City State Zip Code

FEC Identification Number

Purpose of Disbursement

C

Candidate Name

Category/ Type

Amount of Each Disbursement this Period

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

--

Memo Item

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

3000.00

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

3000.00
