

**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)		PAGE 2400 OF 2401	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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)
Schneider for Congress

Full Name (Last, First, Middle Initial) A. DCCC		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2018
Mailing Address 430 S Capitol St SE FI 2		FEC Identification Number C C00000935
City Washington	State DC	Zip Code 20003-4024
Purpose of Disbursement Unlimited transfer		Amount of Each Disbursement this Period 25000.00
Candidate Name DCCC		Transaction ID : VQZ49AENZB1
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) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. Lake County Opioid Initiative		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2018
Mailing Address PO Box 426		FEC Identification Number C
City Mundelein	State IL	Zip Code 60060-0426
Purpose of Disbursement Donation		Amount of Each Disbursement this Period 250.00
Candidate Name		Transaction ID : VQZ49AEJDR3
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) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. Democrats of Northfield Township		Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2018
Mailing Address 1926 Waukegan Rd		FEC Identification Number C
City Glenview	State IL	Zip Code 60025-1770
Purpose of Disbursement Non-Federal Contribution		Amount of Each Disbursement this Period 1000.00
Candidate Name		Transaction ID : VQZ49AEQH34
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) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional).....▶	26250.00
TOTAL This Period (last page this line number only).....▶	