

**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)
PLS FINANCIAL SVCS INC GOOD NEIGHBOR POLITICAL ACTION COMMITTE (PLS GOOD NEIGHBOR PAC)

Full Name (Last, First, Middle Initial)

A. KINZINGER FOR CONGRESS

Mailing Address PO BOX 487

City NEW LENOX State IL Zip Code 60451

Purpose of Disbursement
C00458877

Candidate Name

Office Sought: House
 Senate
 President
State: IL District: 16

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	08	/	2014

Transaction ID : SB23.6761

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. McFadden for Senate

Mailing Address P.O. Box 446

City Batavia State IL Zip Code 60510

Purpose of Disbursement
C00545921

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	03	/	2014

Transaction ID : SB23.6765

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
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Amount of Each Disbursement this Period

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

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

1500.00

1500.00
