

**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 126 OF 127 | |
| | <input type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input checked="" type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
LAHOOD FOR CONGRESS

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. MIKE BOST FOR CONGRESS COMMITTEE | | Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2017 |
| Mailing Address PO BOX 1212 | | FEC Identification Number C C00546499 |
| City MURPHYSBORO | State IL | Zip Code 62966 |
| Purpose of Disbursement CONTRIBUTION | | Amount of Each Disbursement this Period 1000.00 |
| Candidate Name BOST, MICHAEL, , , | Category/ Type | Transaction ID : B3569B581CB734E58880 |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item |
| State: IL District: 12 | | |

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|-----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. FRIENDS OF HAGEDORN | | Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2017 |
| Mailing Address 11 CIVIC CENTER PLZ STE 007 | | FEC Identification Number C C00550707 |
| City MANKATO | State MN | Zip Code 56001 |
| Purpose of Disbursement CONTRIBUTION | | Amount of Each Disbursement this Period 1000.00 |
| Candidate Name HAGEDORN, JAMES, , , | Category/ Type | Transaction ID : B8FA6805DE3354D778A1 |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item |
| State: MN District: 01 | | |

| | | |
|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. CITIZENS FOR NICOLE DEMETREAS | | Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2017 |
| Mailing Address 2117 W BRENYN CT | | FEC Identification Number C |
| City DUNLAP | State IL | Zip Code 61525-9295 |
| Purpose of Disbursement CONTRIBUTION(STATE/LOCAL COMMITTEE) | | Amount of Each Disbursement this Period 500.00 |
| Candidate Name | Category/ Type | Transaction ID : BEC2D64316378442E9FF |
| 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).....▶ | 2500.00 |
| TOTAL This Period (last page this line number only).....▶ | |