

**SCHEDULE B  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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20a  18  
20b  19a  
20c  21

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NAME OF COMMITTEE (In Full)  
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. EMILY's List</b>		Date of Disbursement 06 / 13 / 2002
Mailing Address 805 15th Street, NW, #400 City: Washington State: DC Zip Code: 20005		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Contribution	Candidate Name	Category/ Type
Candidate Name		
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21.10936
State: District:		

Full Name (Last, First, Middle Initial) <b>B. GAYLE RAY FOR CONGRESS COMMITTEE</b>		Date of Disbursement 06 / 10 / 2002
Mailing Address PO Box 330008 City: Nashville State: TN Zip Code: 37208		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Contribution	Candidate Name GAYLE RAY	Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21.10935
State: TN District: 05		

Full Name (Last, First, Middle Initial) <b>C. Jewish United Fund</b>		Date of Disbursement 06 / 06 / 2002
Mailing Address One South Franklin St. City: Chicago State: IL Zip Code: 60606		Amount of Each Disbursement this Period 250.00
Purpose of Disbursement Donation	Candidate Name	Category/ Type
Candidate Name		
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21.10915
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	