

**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)  
**Common Good Fund**

Full Name (Last, First, Middle Initial)

**A. AIMEE BELGARD FOR CONGRESS**

Mailing Address PO BOX 35

City WILLINGBORO State NJ Zip Code 08046

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: NJ District: 03

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 09 / 2014

**Transaction ID : SB23.4198**

Amount of Each Disbursement this Period

1250.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. BRAD ASHFORD FOR CONGRESS**

Mailing Address PO BOX 24023

City OMAHA State NE Zip Code 68124

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: NE District: 02

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 09 / 2014

**Transaction ID : SB23.4195**

Amount of Each Disbursement this Period

1250.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. ENYART FOR CONGRESS**

Mailing Address PO BOX 308

City BELLEVILLE State IL Zip Code 62222

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: IL District: 12

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 09 / 2014

**Transaction ID : SB23.4187**

Amount of Each Disbursement this Period

1500.00

Category/  
Type

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

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

4000.00