

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)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) HALVORSON FOR CONGRESS Mailing Address PO Box 176 City State Zip Code Crete IL 60417 Purpose of Disbursement Contribution Candidate Name DEBORAH 'DEBBIE' HALVORSON Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 11	Transaction ID: SB21.8524 Date of Disbursement 09 / 30 / 2009 Amount of Each Disbursement this Period 1000.00
B.	Full Name (Last, First, Middle Initial) Health and Medicine Policy Research Group Mailing Address 332 S. Michigan Ave City State Zip Code Chicago IL 60604 Purpose of Disbursement Donation Candidate Name 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) ▼ State: District:	Transaction ID: SB21.7592 Date of Disbursement 09 / 07 / 2009 Amount of Each Disbursement this Period 250.00
C.	Full Name (Last, First, Middle Initial) Joint Affairs Committee PAC Mailing Address PO Box 105 City State Zip Code Highland Park IL 60035 Purpose of Disbursement Contribution Candidate Name 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) ▼ State: District:	Transaction ID: SB21.7594 Date of Disbursement 07 / 02 / 2009 Amount of Each Disbursement this Period 500.00

SUBTOTAL of Disbursements This Page (optional) ▶	1750.00
TOTAL This Period (last page this line number only) ▶	(Empty box)