

**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"/> 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)

**ILLINOIS CORN GROWERS ASSOCIATION POLITICAL INVOLVEMENT FUND-FEDERAL**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF CHERI BUSTOS**

Mailing Address P.O. BOX 77

City  
EAST MOLINE

State  
IL

Zip Code  
61244

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**FRIENDS OF CHERI BUSTOS**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2017  
 Primary  General  
 Other (specify) ▼

State: IL District: 17

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			21			2016			

FEC Identification Number

C C00498568

**Transaction ID : SB23.16281**

Amount of Each Disbursement this Period

3000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. ROBIN KELLY FOR CONGRESS**

Mailing Address PO BOX 6953

City  
CHICAGO

State  
IL

Zip Code  
60680

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**ROBIN KELLY FOR CONGRESS**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: IL District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			08			2016			

FEC Identification Number

C C00539866

**Transaction ID : SB23.16192**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

5500.00

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

5500.00