

**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)  
**MOVEON.ORG POLITICAL ACTION**

Full Name (Last, First, Middle Initial)

**A. SHEYMAN FOR CONGRESS**

Mailing Address 1146 WAUKEGAN ROAD SUITE #185

City WAUKEGAN State IL Zip Code 60085

Purpose of Disbursement  
Forward Earmarked Contributions

Candidate Name  
**ILYA SHEYMAN**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: IL District: 10

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	1		

**Transaction ID : SB23.35186**

Amount of Each Disbursement this Period

2	2	9	8	4	.	0	0
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Full Name (Last, First, Middle Initial)

**B. SHEYMAN FOR CONGRESS**

Mailing Address 1146 WAUKEGAN ROAD SUITE #185

City WAUKEGAN State IL Zip Code 60085

Purpose of Disbursement  
Forward Earmarked Contributions

Candidate Name  
**ILYA SHEYMAN**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: IL District: 10

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	6			2	0	1	1		

**Transaction ID : SB23.35191**

Amount of Each Disbursement this Period

8	6	3	6	.	6	9
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Full Name (Last, First, Middle Initial)

**C. SHEYMAN FOR CONGRESS**

Mailing Address 1146 WAUKEGAN ROAD SUITE #185

City WAUKEGAN State IL Zip Code 60085

Purpose of Disbursement  
Contribution

Candidate Name  
**ILYA SHEYMAN**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: IL District: 10

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			3	0			2	0	1	1		

**Transaction ID : SB23.35204**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

3	4	1	2	.	6	9
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3	4	1	2	.	6	9
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