

**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)	PAGE 48 OF 58			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Schock for Congress

Full Name (Last, First, Middle Initial) A. Marilyn J Thoma		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2015
Mailing Address 180 E Pearson St Apt 6105		Amount of Each Disbursement this Period 2300.00 Transaction ID : B0C60A32A794341848B7
City Chicago State IL Zip Code 60611-2190	Purpose of Disbursement Refund: Refund of Contribution	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Mr. Ronald J Gidwitz		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2015
Mailing Address 200 S Wacker Dr Ste 4000		Amount of Each Disbursement this Period 2500.00 Transaction ID : B17B05F7D1EDA433B941
City Chicago State IL Zip Code 60606-5821	Purpose of Disbursement Refund: Refund of Contribution	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Brian Dror		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2015
Mailing Address 5967 W 3rd St Ste 102		Amount of Each Disbursement this Period 2600.00 Transaction ID : B463FEE643DC34194ABC
City Los Angeles State CA Zip Code 90036-2835	Purpose of Disbursement Refund: Refund of Contribution	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	7400.00
TOTAL This Period (last page this line number only).....	