

**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)
Progressive Change Campaign Committee

Full Name (Last, First, Middle Initial)

A. Mary Maxfield

Mailing Address 1800 Jefferson Park Avenue #27

City Charlottesville State VA Zip Code 22903

Purpose of Disbursement
In-kind staff time

Candidate Name

David Gill

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IL District: 13

Date of Disbursement

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

Transaction ID : D384494

Amount of Each Disbursement this Period

4	3	.	5	5
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* In-Kind

Full Name (Last, First, Middle Initial)

B. Mary Maxfield

Mailing Address 1800 Jefferson Park Avenue #27

City Charlottesville State VA Zip Code 22903

Purpose of Disbursement
In-kind staff time

Candidate Name

Vermont Democratic Party

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	8			2	0	1	2		

Transaction ID : D385012

Amount of Each Disbursement this Period

5	.	9	9
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* In-Kind

Full Name (Last, First, Middle Initial)

C. Mary Maxfield

Mailing Address 1800 Jefferson Park Avenue #27

City Charlottesville State VA Zip Code 22903

Purpose of Disbursement
In-kind staff time

Candidate Name

Mark Takano

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 41

Date of Disbursement

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

Transaction ID : D384530

Amount of Each Disbursement this Period

1	8	.	6	7
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* In-Kind

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

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

6	8	.	2	1
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