

**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 35 OF 56	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
WALDEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. DEPARTMENT OF THE TREASURY - IRS		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2016
Mailing Address INTERNAL REVENUE SERVICE CENTER		Amount of Each Disbursement this Period 2589.80
City OGDEN State UT Zip Code 84201-0027	Purpose of Disbursement TAXES	
Candidate Name		<input checked="" type="checkbox"/> Memo Item
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)	Transaction ID : SB17.I13629
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. OREGON DEPARTMENT OF REVENUE		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2016
Mailing Address PO BOX 14800		Amount of Each Disbursement this Period 843.60
City SALEM State OR Zip Code 97310-0001	Purpose of Disbursement TAXES	
Candidate Name		<input checked="" type="checkbox"/> Memo Item
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)	Transaction ID : SB17.I13630
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. MODA HEALTH		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2016
Mailing Address PO BOX 40384		Amount of Each Disbursement this Period 958.24
City PORTLAND State OR Zip Code 97240-0384	Purpose of Disbursement INSURANCE PREMIUM	
Candidate Name		<input type="checkbox"/> Memo Item
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)	Transaction ID : SB17.I13670
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	958.24
TOTAL This Period (last page this line number only).....	