

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
WALDEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. 5 FUSION		Date of Disbursement M M / D D / Y Y Y Y 03 / 08 / 2016
Mailing Address 821 NW WALL STREET		Amount of Each Disbursement this Period 241.00
City BEND State OR Zip Code 97701	Purpose of Disbursement MEETING EXPENSE	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: House Senate President	Disbursement For: Primary General Other (specify)	Transaction ID : SB17.I13734
State: District:		

Full Name (Last, First, Middle Initial) B. AMAZON.COM		Date of Disbursement M M / D D / Y Y Y Y 03 / 08 / 2016
Mailing Address 1516 2ND AVE		Amount of Each Disbursement this Period 7.99
City SEATTLE State WA Zip Code 98144	Purpose of Disbursement OFFICE SUPPLIES	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: House Senate President	Disbursement For: Primary General Other (specify)	Transaction ID : SB17.I13739
State: District:		

Full Name (Last, First, Middle Initial) C. CAPITOL HILL CLUB		Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2016
Mailing Address 300 1ST STREET SE		Amount of Each Disbursement this Period 548.50
City WASHINGTON State DC Zip Code 20003-1801	Purpose of Disbursement MEETING EXPENSE	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: House Senate President	Disbursement For: Primary General Other (specify)	Transaction ID : SB17.I13723
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	