

**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 141 OF 142 | | | |
| | <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 | | | | |

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)
Elise for Congress

| | | | | |
|---|---|--------------------------|--|--|
| Full Name (Last, First, Middle Initial) A. TIFFANY MOORE | | | Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2015 | |
| Mailing Address 417 QUACKENBOS STREET NW | | | Amount of Each Disbursement this Period 750.00 | |
| City WASHINGTON | State DC | Zip Code 20011 | Transaction ID : SB20A.1234 | |
| Purpose of Disbursement CONTRIBUTION REFUND | | Category/Type | | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: _____ District: _____ | | | | |

| | | | | |
|---|--|---------------|---|--|
| Full Name (Last, First, Middle Initial) B. | | | Date of Disbursement M M / D D / Y Y Y Y | |
| Mailing Address | | | Amount of Each Disbursement this Period | |
| City | State | Zip Code | | |
| Purpose of Disbursement | | Category/Type | | |
| Candidate Name | | | | |
| 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) | | | |
| State: _____ District: _____ | | | | |

| | | | | |
|---|--|---------------|---|--|
| Full Name (Last, First, Middle Initial) C. | | | Date of Disbursement M M / D D / Y Y Y Y | |
| Mailing Address | | | Amount of Each Disbursement this Period | |
| City | State | Zip Code | | |
| Purpose of Disbursement | | Category/Type | | |
| Candidate Name | | | | |
| 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) | | | |
| State: _____ District: _____ | | | | |

| | |
|---|---------------|
| SUBTOTAL of Disbursements This Page (optional)..... | 750.00 |
| TOTAL This Period (last page this line number only)..... | 750.00 |