

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)

| | | | |
|---|------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input checked="" type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
RESHMA FOR CONGRESS

| | |
|---|--|
| <p>A. Full Name (Last, First, Middle Initial) Diane Max</p> <p>Mailing Address 1115 5th Ave</p> <p>City New York State NY Zip Code 10128</p> <p>Purpose of Disbursement Contribution Refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB20A.4160</p> <p>Date of Disbursement 02 / 16 / 2011</p> <p>Amount of Each Disbursement this Period 2400.00</p> |
| <p>B. Full Name (Last, First, Middle Initial) Romita Shetty</p> <p>Mailing Address 333 Greenwich St</p> <p>City New York State NY Zip Code 10013</p> <p>Purpose of Disbursement Contribution Refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB20A.4110</p> <p>Date of Disbursement 01 / 05 / 2011</p> <p>Amount of Each Disbursement this Period 2400.00</p> |
| <p>C. Full Name (Last, First, Middle Initial) Gagan Singh</p> <p>Mailing Address 141 Cumberland Ct</p> <p>City Paramus State NJ Zip Code 07652</p> <p>Purpose of Disbursement Contribution Refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2011 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB20A.4125</p> <p>Date of Disbursement 01 / 20 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

5800.00

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