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) ☐ 17 ☐ 18 ☐ 19a ☐ 19b ☐ 20a ☐ 20b ☐ 20c ☐ 21

PAGE OF

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NAME OF COMMITTEE (In Full): PEOPLE FOR GAIL GOODE

A.
Full Name (Last, First, Middle Initial): Ward, Tyquan
Mailing Address: 111-26 Inwood St.
City: Jamaica State: NY Zip Code: 11435
Purpose of Disbursement: Petitions
Candidate Name: GAIL GOODE
Category/Type:
Office Sought: ☐ House ☒ Senate ☐ President
State: District:
Disbursement For: ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M 08 D D 04 Y Y Y Y 2010
Amount of Each Disbursement this Period: 500.

B.
Full Name (Last, First, Middle Initial): Facebook.com Ad 650
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement: Advertisements
Candidate Name: GAIL GOODE
Category/Type:
Office Sought: ☐ House ☒ Senate ☐ President
State: District:
Disbursement For: ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M 08 D D 04 Y Y Y Y 2010
Amount of Each Disbursement this Period: 200.

C.
Full Name (Last, First, Middle Initial): Zaientz, Benjamin
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement: Petitions
Candidate Name: GAIL GOODE
Category/Type:
Office Sought: ☐ House ☒ Senate ☐ President
State: District:
Disbursement For: ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M 08 D D 03 Y Y Y Y 2010
Amount of Each Disbursement this Period: 20.

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

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

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