

**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 56 OF 82	
	<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)
Jeff Fortenberry for United States Congress

Full Name (Last, First, Middle Initial) A. Mount Vernon Ladies Assn		Date of Disbursement M M / D D / Y Y Y Y 01 / 08 / 2016
Mailing Address PO Box 110		Amount of Each Disbursement this Period 2410.98
City Mount Vernon	State VA	
Zip Code 22121	Purpose of Disbursement Facility Rental & Catering	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type 007	Transaction ID : SB17-EX6572 Facility Rental & Catering
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) Primary 2016	
State: District:		

Full Name (Last, First, Middle Initial) B. Enterprise		Date of Disbursement M M / D D / Y Y Y Y 01 / 08 / 2016
Mailing Address 970 D St. SW		Amount of Each Disbursement this Period 38.00
City Washington	State DC	
Zip Code 20024	Purpose of Disbursement Car Rental	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type 002	Transaction ID : SB17-EX6573 Car Rental
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) Primary 2016	
State: District:		

Full Name (Last, First, Middle Initial) c. Union Bank Visa		Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2016
Mailing Address Credit Card Processing Center P.O. Box 3052		Amount of Each Disbursement this Period 936.30
City Milwaukee	State WI	
Zip Code 53201	Purpose of Disbursement CREDIT CARD PAYMENT: SEE BELOW	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	Transaction ID : SB17-EX6609 CREDIT CARD PAYMENT: SEE BELOW
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:		

SUBTOTAL of Disbursements This Page (optional).....	936.30
TOTAL This Period (last page this line number only).....	