

**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 181 OF 200	
	<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)
Huffman for Congress

Full Name (Last, First, Middle Initial) A. Cab Capital City Cab		Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2015
Mailing Address		Amount of Each Disbursement this Period 50.00
City	State Zip Code	
Purpose of Disbursement Cab Fare	Category/Type 002	Transaction ID : EDTB17EXPB625 [MEMO ITEM]
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. Jared Huffman		Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2015
Mailing Address 24 River Oaks Rd		Amount of Each Disbursement this Period 50.00
City	State Zip Code	
Purpose of Disbursement Offset of Test Contribution	Category/Type 001	Transaction ID : EXPB626
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) C. NGP VAN, Inc.		Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2015
Mailing Address 1101 15th St NW Ste 500		Amount of Each Disbursement this Period 50.00
City	State Zip Code	
Purpose of Disbursement Offset of Test Contribution	Category/Type 001	Transaction ID : EDTB16EXPB626 [MEMO ITEM]
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:		

SUBTOTAL of Disbursements This Page (optional).....	50.00
TOTAL This Period (last page this line number only).....	