

**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 48 OF 60			
	<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)
Kaptur for Congress

Full Name (Last, First, Middle Initial) A. Shell		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2015
Mailing Address 5218 Monroe St		Amount of Each Disbursement this Period 33.38
City Toledo	State OH	
Zip Code 43623-3140	Purpose of Disbursement campaign fuel	Transaction ID : VQZ25A4KJS1
Candidate Name	Category/Type	
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)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) B. Speedway		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2015
Mailing Address 5365 Monroe St		Amount of Each Disbursement this Period 30.00
City Toledo	State OH	
Zip Code 43623-2850	Purpose of Disbursement campaign fuel expense	Transaction ID : VQZ25A682S2
Candidate Name	Category/Type	
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)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) c. Speedway		Date of Disbursement M M / D D / Y Y Y Y 10 / 26 / 2015
Mailing Address 5365 Monroe St		Amount of Each Disbursement this Period 50.00
City Toledo	State OH	
Zip Code 43623-2850	Purpose of Disbursement campaign fuel expense	Transaction ID : VQZ25A4KJW5
Candidate Name	Category/Type	
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)	[MEMO ITEM] *
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	