

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 318 / 332  
(check only one)  
 17  18  19a  19b  20a  20b  
 20c  21

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NAME OF COMMITTEE (In Full)  
Sittenfeld for Senate

Full Name (Last, First, Middle Initial) Capitol Compliance Associates, Inc		Date of Disbursement	
Mailing Address 918 Pennsylvania Ave SE		03	05
City State Zip Code Washington DC 20003-2140		Amount of Disbursement this Period	
Purpose of Disbursement Compliance Services		5000.00	
Candidate Name		Transaction ID: VPE8W9SQ4Z3	
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)	Category/ Type	
State: District:			

Full Name (Last, First, Middle Initial) Manley Burke		Date of Disbursement	
Mailing Address 225 W Court St		03	18
City State Zip Code Cincinnati OH 45202-1098		Amount of Disbursement this Period	
Purpose of Disbursement Rent		500.00	
Candidate Name		Transaction ID: VPE8W9TAF04	
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)	Category/ Type	
State: District:			

Full Name (Last, First, Middle Initial) Walker Schiff		Date of Disbursement	
Mailing Address 2 Forest Hill Dr		02	03
City State Zip Code Cincinnati OH 45208-1910		Amount of Disbursement this Period	
Purpose of Disbursement Salary		1500.00	
Candidate Name		Transaction ID: VPE8W9M6M74	
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)	Category/ Type	
State: District:			

SUBTOTAL of Receipts This Page (optional)	7000.00
TOTAL This Period (last page this line number only)	

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