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)
Keep McDade in Congress Committee

A.
Full Name (Last, First, Middle Initial): Tom Corbett for Governor
Mailing Address: PO Box 405
City: Scranton State: PA Zip Code: 18501
Purpose of Disbursement: Contribution
Category/Type: 011
Candidate Name: Tom Corbett
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼
Date of Disbursement: M M 10 / D D 25 / Y Y Y Y 2010
Amount of Each Disbursement this Period: 150.00
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial): Marino for Congress
Mailing Address: PO Box 366
City: Falls Church State: VA Zip Code: 12204
Purpose of Disbursement: Contribution
Category/Type: 011
Candidate Name: Thomas Marino
Office Sought: ☒ House ☐ Senate ☐ President
State: PA District: 10th
Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▼
Date of Disbursement: M M 12 / D D 10 / Y Y Y Y 2010
Amount of Each Disbursement this Period: 500.00
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial): Lewis for Congress
Mailing Address: PO Box 247
City: Redlands State: CA Zip Code: 92373
Purpose of Disbursement: Contribution
Category/Type: 011
Candidate Name: Jerry Lewis
Office Sought: ☒ House ☐ Senate ☐ President
State: CA District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▼
Date of Disbursement: M M / D D / Y Y Y Y
Amount of Each Disbursement this Period: 1000.00
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

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

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