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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Perlmutter for Congress

A. Full Name (Last, First, Middle Initial): Kaiser Permanente
Mailing Address: PO Box 711697
City: Denver State: CO Zip Code: 80217
Purpose of Disbursement: health insurance premium
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2016 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 05 / D D 20 / Y Y Y Y 2015
Amount of Each Disbursement this Period: 368.76
Transaction ID : D760082

B. Full Name (Last, First, Middle Initial): Kaiser Permanente
Mailing Address: PO Box 711697
City: Denver State: CO Zip Code: 80217
Purpose of Disbursement: health insurance premium
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2016 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 06 / D D 17 / Y Y Y Y 2015
Amount of Each Disbursement this Period: 368.76
Transaction ID : D761665

C. Full Name (Last, First, Middle Initial): Kaiser Permanente
Mailing Address: PO Box 711697
City: Denver State: CO Zip Code: 80217
Purpose of Disbursement: health insurance premium
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2016 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 04 / D D 22 / Y Y Y Y 2015
Amount of Each Disbursement this Period: 352.95
Transaction ID : D758690

SUBTOTAL of Disbursements This Page (optional) 1090.47

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