

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 42 OF 109

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Tom Wong for Congress

Full Name (Last, First, Middle Initial)

A. Leebaw, Bronwyn, , ,

Mailing Address 5014 Rockledge Drive

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	7		2	0	2	0

City
RiversideState
CAZip Code
92506

FEC Identification Number

C

Purpose of Disbursement
Contribution Refund

010

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

100.00

Transaction ID : SB20A.C1693543

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. Leebaw, Bronwyn, , ,

Mailing Address 5014 Rockledge Drive

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	7		2	0	2	0

City
RiversideState
CAZip Code
92506

FEC Identification Number

C

Purpose of Disbursement
Contribution Refund

010

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

100.00

Transaction ID : SB20A.C1693542

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. Reeves, Bill, , ,

Mailing Address 2932 Makalei Place

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	7		2	0	2	0

City
HonoluluState
HIZip Code
96815

FEC Identification Number

C

Purpose of Disbursement
Contribution Refund

010

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

2800.00

Transaction ID : SB20A.C1693084

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

3000.00

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