

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

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<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)
Tiberi for Congress

Full Name (Last, First, Middle Initial)

A. Falls, Robert, , ,Mailing Address 50 Public Square
Floor 25City
ClevelandState
OHZip Code
44113-2299Purpose of Disbursement
Refund: Contribution Refund

010

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
11	30	2017

FEC Identification Number

C

Amount of Each Disbursement this Period

1000.00

Transaction ID : B07561A289C504C38B6E

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Fankhauser, Philip, , ,

Mailing Address 229 E Beck Street

City
ColumbusState
OHZip Code
43206-1210Purpose of Disbursement
Refund: Contribution Refund

010

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
11	30	2017

FEC Identification Number

C

Amount of Each Disbursement this Period

500.00

Transaction ID : BAEF5B64DF4E04970990

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Fannin, William, , , Sr.

Mailing Address 5410 Welbourne Place

City
New AlbanyState
OHZip Code
43054-6022Purpose of Disbursement
Refund: Contribution Refund

010

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
11	30	2017

FEC Identification Number

C

Amount of Each Disbursement this Period

300.00

Transaction ID : BE9CBFBBC7A444AE1B4A

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1800.00

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