

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Committee for a Democratic Future**

**A. ANGIE CRAIG FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 22116

M M M	/	D D D	/	Y Y Y Y Y
11		01		2016

City EAGAN State MN Zip Code 55122

FEC Identification Number

Purpose of Disbursement Contribution

**C** H6MN02131

Candidate Name

**CRAIG, ANGELA DAWN, , ,**

Category/Type

**Transaction ID : SB23.9493**

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
 Disbursement For: 2016  Primary  General  Other (specify) ▼  
 State: MN District: 02

1000.00

Memo Item

**B. CHARLIE CRIST FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 1547

M M M	/	D D D	/	Y Y Y Y Y
11		01		2016

City ST. PETERSBURG State FL Zip Code 33731

FEC Identification Number

Purpose of Disbursement Contribution

**C** S6FL00160

Candidate Name

**CRIST, CHARLIE, , ,**

Category/Type

**Transaction ID : SB23.9502**

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
 Disbursement For: 2016  Primary  General  Other (specify) ▼  
 State: FL District: 00

1000.00

Memo Item

**C. CONNECTICUT DEMOCRATIC STATE CENTRAL COMMITTEE**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 30 ARBOR STREET, SUITE 404

M M M	/	D D D	/	Y Y Y Y Y
11		04		2016

City HARTFORD State CT Zip Code 06106

FEC Identification Number

Purpose of Disbursement Contribution

**C**

Candidate Name

Category/Type

**Transaction ID : SB23.9506**

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

2000.00

Memo Item

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

4000.00

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