

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

|                                                                               |                                      |                                    |                                     |                                               |
|-------------------------------------------------------------------------------|--------------------------------------|------------------------------------|-------------------------------------|-----------------------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one) |                                    | PAGE 229 OF 229                     |                                               |
|                                                                               | <input type="checkbox"/> 17<br>20a   | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input checked="" type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Moore For Congress**

|                                                                                                                  |                                                                                                                                                    |                                                                                      |
|------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. NARAL Pro-Choice America PAC</b>                                |                                                                                                                                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 28 / 2014                        |
| Mailing Address 1156 15th St, NW<br>Ste 700                                                                      |                                                                                                                                                    | Amount of Each Disbursement this Period<br>500.00<br><b>Transaction ID : D612417</b> |
| City Washington                                                                                                  | State DC Zip Code 20005-1704                                                                                                                       |                                                                                      |
| Purpose of Disbursement<br>Contribution                                                                          | Category/Type                                                                                                                                      |                                                                                      |
| Candidate Name                                                                                                   |                                                                                                                                                    |                                                                                      |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                                                                      |
| State: District:                                                                                                 |                                                                                                                                                    |                                                                                      |

|                                                                                                                  |                                                                                                                                                    |                                                                                     |
|------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Wisconsin African American Women's Center</b>                   |                                                                                                                                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 15 / 2014                       |
| Mailing Address 3020 W. Vliet St                                                                                 |                                                                                                                                                    | Amount of Each Disbursement this Period<br>80.00<br><b>Transaction ID : D612415</b> |
| City Milwaukee                                                                                                   | State WI Zip Code 53208                                                                                                                            |                                                                                     |
| Purpose of Disbursement<br>Event Tickets                                                                         | Category/Type                                                                                                                                      |                                                                                     |
| Candidate Name                                                                                                   |                                                                                                                                                    |                                                                                     |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                                                                     |
| State: District:                                                                                                 |                                                                                                                                                    |                                                                                     |

|                                                                                                                  |                                                                                                                                                    |                                                                                      |
|------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. Wisconsin African American Women's Center</b>                   |                                                                                                                                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 15 / 2014                        |
| Mailing Address 3020 W. Vliet St                                                                                 |                                                                                                                                                    | Amount of Each Disbursement this Period<br>350.00<br><b>Transaction ID : D612392</b> |
| City Milwaukee                                                                                                   | State WI Zip Code 53208                                                                                                                            |                                                                                      |
| Purpose of Disbursement<br>Donation                                                                              | Category/Type                                                                                                                                      |                                                                                      |
| Candidate Name                                                                                                   |                                                                                                                                                    |                                                                                      |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                                                                      |
| State: District:                                                                                                 |                                                                                                                                                    |                                                                                      |

|                                                                 |          |
|-----------------------------------------------------------------|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 930.00   |
| <b>TOTAL</b> This Period (last page this line number only)..... | 16695.00 |