

**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 75695 OF 75941  |   |
|   | <input type="checkbox"/> 17<br><input checked="" type="checkbox"/> 20a | <input type="checkbox"/> 18<br><input type="checkbox"/> 20b | <input type="checkbox"/> 19a<br><input type="checkbox"/> 20c | <input type="checkbox"/> 19b<br><input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)  
**Sara Gideon for Maine**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Laufer, Marsha, , ,</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 31 / 2020 |
| Mailing Address 1750 S Ocean Blvd   |  | FEC Identification Number<br>C                                |
| City<br>Lantana   | State<br>FL  | Zip Code<br>33462-6222  |
| Purpose of Disbursement<br>Contribution Refund  |  | Amount of Each Disbursement this Period<br>2800.00            |
| Candidate Name  |  | Transaction ID : VVB9ZAQ2YS3                                  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2020<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item                            |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Fulton, Michael, , ,</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 24 / 2020 |
| Mailing Address 1915 Parfet Estates Dr  |  | FEC Identification Number<br>C                                |
| City<br>Golden  | State<br>CO  | Zip Code<br>80401-1789  |
| Purpose of Disbursement<br>Contribution Refund  |  | Amount of Each Disbursement this Period<br>400.00             |
| Candidate Name  |  | Transaction ID : VVB9ZAQ3HS3                                  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2020<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item                            |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Wexner, Abigail, , ,</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 29 / 2020 |
| Mailing Address 1 Whitebarn Rd  |  | FEC Identification Number<br>C                                |
| City<br>New Albany  | State<br>OH  | Zip Code<br>43054-9407  |
| Purpose of Disbursement<br>Contribution Refund  |  | Amount of Each Disbursement this Period<br>1000.00            |
| Candidate Name  |  | Transaction ID : VVB9ZAQAST3                                  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2020<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item                            |
| State: District:  |  |   |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | 4200.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |