

**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)
Build Our Movement PAC

Full Name (Last, First, Middle Initial)

A. AFTAB FOR OHIO

Mailing Address PO Box 713

City Cincinnati State OH Zip Code 45201-0713

Purpose of Disbursement Contribution

Candidate Name
PUREVAL, AFTAB, , ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: OH District: 01

Date of Disbursement

MM / DD / YYYY
06 / 26 / 2018

FEC Identification Number

C C00667519
Transaction ID : VNTVX9X6A)
Amount of Each Disbursement this Period
500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. AMMAR CAMPA FOR CONGRESS

Mailing Address PO Box 610

City Jamul State CA Zip Code 91935-0610

Purpose of Disbursement Contribution

Candidate Name
CAMPA-NAJJAR, AMMAR, , ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: CA District: 50

Date of Disbursement

MM / DD / YYYY
06 / 26 / 2018

FEC Identification Number

C C00635888
Transaction ID : VNTVX9X6AP
Amount of Each Disbursement this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. ARUNA MILLER FOR CONGRESS

Mailing Address PO Box 4194

City Gaithersburg State MD Zip Code 20885-4194

Purpose of Disbursement Contribution

Candidate Name
MILLER, ARUNA, , ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: MD District: 06

Date of Disbursement

MM / DD / YYYY
06 / 26 / 2018

FEC Identification Number

C C00639427
Transaction ID : VNTVX9X6B)
Amount of Each Disbursement this Period
1000.00

Memo Item

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

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

2500.00