

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse 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)
Kleine for Congress

Full Name (Last, First, Middle Initial) A. Hoerr, Jackie, S, Ms.,				Date of Disbursement M M / D D / Y Y Y Y 01 / 17 / 2018	
Mailing Address 2919 Rushford Ct					
City Peoria		State IL	Zip Code 61614		
Purpose of Disbursement Refund			<input type="checkbox"/>		
Candidate Name			Category/ Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:		Amount of Each Disbursement this Period 2700.00 Transaction ID : SB20A.4924 <input type="checkbox"/> Memo Item			
Full Name (Last, First, Middle Initial) B. Hoerr, Robert, A, ,				Date of Disbursement M M / D D / Y Y Y Y 01 / 17 / 2018	
Mailing Address 206 Surrey Ln					
City East Peoria		State IL	Zip Code 61611		
Purpose of Disbursement Refund			<input type="checkbox"/>		
Candidate Name			Category/ Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:		Amount of Each Disbursement this Period 500.00 Transaction ID : SB20A.4925 <input type="checkbox"/> Memo Item			
Full Name (Last, First, Middle Initial) c. Holdridge, William, , ,				Date of Disbursement M M / D D / Y Y Y Y 01 / 17 / 2018	
Mailing Address 35565 N Cty 18 Hwy					
City Farmington		State IL	Zip Code 61531		
Purpose of Disbursement Refund			<input type="checkbox"/>		
Candidate Name			Category/ Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:		Amount of Each Disbursement this Period 250.00 Transaction ID : SB20A.5102 <input type="checkbox"/> Memo Item			
SUBTOTAL of Disbursements This Page (optional).....▶				3450.00	
TOTAL This Period (last page this line number only).....▶					