

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

Baugh for Congress

Full Name (Last, First, Middle Initial)

**A. Righeimer, Lene, , ,**

Mailing Address 3050 Capri Lane

Date of Disbursement

M M	D D	Y Y Y Y
02	20	2019

City  
Costa MesaState  
CAZip Code  
92626-3502

FEC Identification Number

C

Purpose of Disbursement  
Refund Contribution

010

Candidate Name

Amount of Each Disbursement this Period

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

2700.00

Transaction ID : B-7543

☐ Memo Item

State:

District:

Full Name (Last, First, Middle Initial)

**B. Simon, Ronald, M., ,**Mailing Address 620 Newport Center Drive  
12th Floor

Date of Disbursement

M M	D D	Y Y Y Y
02	20	2019

City  
Newport BeachState  
CAZip Code  
92660-6420

FEC Identification Number

C

Purpose of Disbursement  
Refund Contribution

010

Candidate Name

Amount of Each Disbursement this Period

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2020

☐ Primary ☒ General  
☐ Other (specify) ▼

2700.00

Transaction ID : B-7535

☐ Memo Item

State:

District:

Full Name (Last, First, Middle Initial)

**C. Simon, Ronald, M., ,**Mailing Address 620 Newport Center Drive  
12th Floor

Date of Disbursement

M M	D D	Y Y Y Y
02	20	2019

City  
Newport BeachState  
CAZip Code  
92660-6420

FEC Identification Number

C

Purpose of Disbursement  
Refund Contribution

010

Candidate Name

Amount of Each Disbursement this Period

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

2700.00

Transaction ID : B-7536

☐ Memo Item

State:

District:

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

8100.00

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