

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 218 OF 221			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
A Whole Lot of People for Grijalva Congressional Committee

Full Name (Last, First, Middle Initial) A. Steyer, Thomas, , ,			Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2020		
Mailing Address 111 Sutter St FI 10			FEC Identification Number C		
City San Francisco	State CA	Zip Code 94104-4527	Amount of Each Disbursement this Period 2800.00		
Purpose of Disbursement Refund		Category/ Type	Transaction ID : 500475851		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. Steyer, Thomas, , ,			Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2020		
Mailing Address 111 Sutter St FI 10			FEC Identification Number C		
City San Francisco	State CA	Zip Code 94104-4527	Amount of Each Disbursement this Period 2800.00		
Purpose of Disbursement Refund		Category/ Type	Transaction ID : 500486330		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C.			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address			FEC Identification Number C		
City	State	Zip Code	Amount of Each Disbursement this Period		
Purpose of Disbursement		Category/ Type	Memo Item		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	5600.00
TOTAL This Period (last page this line number only).....▶	5600.00