

**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)  
**CMR Political Action Committee**

**A. FRIENDS OF AMATA**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 6171

City PAGO PAGO State AS Zip Code 96799-6171

Purpose of Disbursement  
COMMITTEE CONTRIBUTION

Candidate Name  
**AMATA, AUMUA, , ,**

Office Sought:  House  Senate  President  
State: AS District: 00

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Date of Disbursement: 02 / 02 / 2018

FEC Identification Number: **C00393041**  
Transaction ID : **SB23.I9694**  
Amount of Each Disbursement this Period: 2500.00

Category/Type: 011

Memo Item

**B. ROB WITTMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address P O BOX 3770

City OAKTON State VA Zip Code 22124-8770

Purpose of Disbursement  
COMMITTEE CONTRIBUTION

Candidate Name  
**WITTMAN, ROBERT , J , MR.,**

Office Sought:  House  Senate  President  
State: VA District: 01

Disbursement For: 2018  
 Primary  General  
 Other (specify)

Date of Disbursement: 02 / 28 / 2018

FEC Identification Number: **C00441014**  
Transaction ID : **SB23.I9781**  
Amount of Each Disbursement this Period: - 2000.00  
LOST CHECK

Category/Type: 011

Memo Item

**C.**

Full Name (Last, First, Middle Initial)  
Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement: / /

FEC Identification Number: **C**

Amount of Each Disbursement this Period

Category/Type:

Memo Item

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

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

500.00
500.00