

**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 19 OF 19			
	<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)  
**WINNING WOMEN VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Rubright, James, A., ,</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 23 / 2016		
Mailing Address 3435 Woodhaven Rd.					
City Atlanta	State GA	Zip Code 30305	FEC Identification Number C		
Purpose of Disbursement Refund			Amount of Each Disbursement this Period 5400.00		
Candidate Name		Category/ Type	Transaction ID : SB20A.4398		
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) ▼		Memo Item <input type="checkbox"/>		
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Schwab, Charles, R., ,</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 23 / 2016		
Mailing Address PO Box 192861					
City San Francisco	State CA	Zip Code 94119	FEC Identification Number C		
Purpose of Disbursement Refund			Amount of Each Disbursement this Period 2700.00		
Candidate Name		Category/ Type	Transaction ID : SB20A.4395		
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) ▼		Memo Item <input type="checkbox"/>		
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Tome, Carol, B., ,</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 23 / 2016		
Mailing Address 3775 Randall Mill Rd.					
City Atlanta	State GA	Zip Code 30327	FEC Identification Number C		
Purpose of Disbursement Refund			Amount of Each Disbursement this Period 2700.00		
Candidate Name		Category/ Type	Transaction ID : SB20A.4397		
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) ▼		Memo Item <input type="checkbox"/>		
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	10800.00
<b>TOTAL</b> This Period (last page this line number only).....▶	18200.00