

**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)

Sharice for Congress

Full Name (Last, First, Middle Initial)

**A. Lee, Amy, , ,**

Mailing Address 701 Tennessee St

City  
LawrenceState  
KSZip Code  
66044-2369Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2020

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	2	0

FEC Identification Number

C

Amount of Each Disbursement this Period

250.00

Transaction ID : 500108353

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Newman, Kathleen, , ,**

Mailing Address 6315 W 107Th St

City  
Overland ParkState  
KSZip Code  
66212-1809Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2020

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	2	0

FEC Identification Number

C

Amount of Each Disbursement this Period

550.00

Transaction ID : 500107170

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. Puyallup Tribe**

Mailing Address 3009 E Portland Ave

City  
TacomaState  
WAZip Code  
98404-4926Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2020

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	2	0

FEC Identification Number

C

Amount of Each Disbursement this Period

1000.00

Transaction ID : 500107279

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1800.00

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