

**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 662 OF 665	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Schneider for Congress

Full Name (Last, First, Middle Initial) A. SPANBERGER FOR CONGRESS			Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2018	
Mailing Address PO Box 3121			FEC Identification Number C 00649913	
City Glen Allen	State VA	Zip Code 23058-3121	Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Contribution		Category/ Type	Transaction ID : VQZ49AF17W9	
Candidate Name SPANBERGER, ABIGAIL, , ,		Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: VA	District: 07	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. ELECT CAROLYN LONG			Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2018	
Mailing Address PO Box 821288			FEC Identification Number C 00660472	
City Vancouver	State WA	Zip Code 98682-0029	Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Contribution (see American express 11/13/18)		Category/ Type	Transaction ID : VQZ49AF08Y9	
Candidate Name LONG, CAROLYN N., , ,		Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: WA	District: 03	<input checked="" type="checkbox"/> Memo Item *	

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		Disbursement For:		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	28000.00