

**SCHEDULE B (FEC Form 3X)
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"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" 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)

Win the Era PAC

Full Name (Last, First, Middle Initial)

A. Siegel, Howard, , ,

Mailing Address 2430 N Lakeview Ave

City
ChicagoState
ILZip Code
60614-2877Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	28	/	2020

FEC Identification Number

C**Transaction ID : 500082927**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Simon, Rachel, , ,

Mailing Address 8765 Pine Ridge Dr

City
IndianapolisState
INZip Code
46260-1778Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	28	/	2020

FEC Identification Number

C**Transaction ID : 500083272**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Simons, Jay, , ,

Mailing Address 1209 Filbert St

City
San FranciscoState
CAZip Code
94109-1713Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	28	/	2020

FEC Identification Number

C**Transaction ID : 500083077**

Amount of Each Disbursement this Period

2800.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4800.00