

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 81 OF 90

<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

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)

FRELINGHUYSEN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Antaki, Alan P., , ,

Mailing Address 776 Ontario Court

City
Franklin LakesState
NJZip Code
07417Purpose of Disbursement
Refund: Refund of Contribution

010

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2018

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		22		2017

FEC Identification Number

C

Amount of Each Disbursement this Period

400.00

Transaction ID : B0FC52A4F4F1E4FF6891

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Van Roijen, Peter P., , ,

Mailing Address P.O. Box 2030

City
WilsonState
WYZip Code
83014-2030Purpose of Disbursement
Refund: Refund of Contribution-Over Limit

010

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		07		2017

FEC Identification Number

C

Amount of Each Disbursement this Period

1900.00

Transaction ID : B37D610C4474040578AF

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

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

2300.00

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

2300.00