

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input 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)
STIVERS FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

A.

STIVERS FOR CONGRESS

M M	/	D D	/	Y Y Y Y
0 3	/	3 0	/	2 0 1 7

Mailing Address
211 SOUTH FIFTH STREET

City State Zip Code
COLUMBUS OH 43215

Purpose of Disbursement

CAMPAIGN DONATION

Category/ Type

Amount of Each Disbursement this Period

1 5 0 0 0 0

Candidate Name

STEVE STIVERS

Office Sought: House
 Senate
 President
State: OHIO District:

Disbursement For:
 Primary General
 Other (specify) ▼

B.

TEAM JOSH

Date of Disbursement

M M	/	D D	/	Y Y Y Y
0 6	/	1 9	/	2 0 1 7

Mailing Address
145 EAST RICH STREET; SUITE #100

City State Zip Code
COLUMBUS OH 43215

Purpose of Disbursement

CAMPAIGN DONATION

Category/ Type

Amount of Each Disbursement this Period

1 0 0 0 0 0

Candidate Name

JOSH MANDEL

Office Sought: House
 Senate
 President
State: OHIO District:

Disbursement For:
 Primary General
 Other (specify) ▼

C.

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M	/	D D	/	Y Y Y Y
	/		/	

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/ Type

Amount of Each Disbursement this Period

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Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional).....▶

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

1 5 0 0 0 0

1 5 0 0 0 0

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