

**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 59 OF 63

<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)

PATTON FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. SULLIVAN, FRANK, C, ,

Mailing Address 27320 LAKE RD.

City
BAY VILLAGEState
OHZip Code
44140-2070Purpose of Disbursement
REFUND: REFUND OF OCT. QUARTERLY

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
12	18	2017

FEC Identification Number

C

Amount of Each Disbursement this Period

2300.00

Transaction ID : BB479847FC4CA461BA57

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. SULLIVAN, FRANK, C, ,

Mailing Address 27320 LAKE RD.

City
BAY VILLAGEState
OHZip Code
44140-2070Purpose of Disbursement
REFUND: REFUND OF CONTRIBUTION - OCT. QUARTERLY

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
12	27	2017

FEC Identification Number

C

Amount of Each Disbursement this Period

1000.00

Transaction ID : B4E7D47C90FB54899BE2

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. SULLIVAN, THOMAS, C., ,

Mailing Address PO BOX 777

City
MEDINAState
OHZip Code
44258-0777Purpose of Disbursement
REFUND: REFUND OF CONTRIBUTION - OCT. QUARTERLY

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
12	27	2017

FEC Identification Number

C

Amount of Each Disbursement this Period

1000.00

Transaction ID : B93407BCF3DCF433EB4C

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

4300.00

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