

**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 130 OF 131	
	<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)
Bonamici for Congress

Full Name (Last, First, Middle Initial) A. Democratic Party of Oregon			Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2016	
Mailing Address 232 NE 9th Ave			FEC Identification Number C C00188367	
City Portland	State OR	Zip Code 97232	Amount of Each Disbursement this Period 25000.00	
Purpose of Disbursement Unlimited Transfer to Party Committee		Category/ Type	Transaction ID : D652377	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. Democratic Congressional Campaign Committee			Date of Disbursement M M / D D / Y Y Y Y 07 / 12 / 2016	
Mailing Address 430 S Capitol St SE FI 2			FEC Identification Number C C00000935	
City Washington	State DC	Zip Code 20003-4024	Amount of Each Disbursement this Period 18500.00	
Purpose of Disbursement Unlimited Transfer to Party Committee		Category/ Type	Transaction ID : D647719	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

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

SUBTOTAL of Disbursements This Page (optional).....▶	43500.00
TOTAL This Period (last page this line number only).....▶	81500.00