

**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"/> 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)

PEOPLE FOR THE AMERICAN WAY VOTERS ALLIANCE

Full Name (Last, First, Middle Initial)

A. BRYCE, RANDY, , ,

Mailing Address PO BOX 44404

City
RACINE

State
WI

Zip Code
53404

Purpose of Disbursement
Contribution

Candidate Name

BRYCE, RANDY, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: WI District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			18			2018			

FEC Identification Number

C H8WI01123

Transaction ID : SB23.4218

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. CAMPA-NAJJAR, AMMAR, , ,

Mailing Address 14533 OLIVE VISTA DRIVE

City
JAMUL

State
CA

Zip Code
91935

Purpose of Disbursement
Contribution

Candidate Name

CAMPA-NAJJAR, AMMAR, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: CA District: 50

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			18			2018			

FEC Identification Number

C H8CA50098

Transaction ID : SB23.4234

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. CRAIG, ANGELA DAWN, , ,

Mailing Address P.O. BOX 22116

City
EAGAN

State
MN

Zip Code
55122

Purpose of Disbursement
Contribution

Candidate Name

CRAIG, ANGELA DAWN, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: MN District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			18			2018			

FEC Identification Number

C H6MN02131

Transaction ID : SB23.4216

Amount of Each Disbursement this Period

1000.00

Memo Item

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

6000.00

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