

**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 40 OF 45	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Lamborn For Congress

Full Name (Last, First, Middle Initial) A. Frontier Airlines		Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2020
Mailing Address 7770 Milton E Proby Pkwy		FEC Identification Number C
City Colorado Springs	State CO	Zip Code 80909
Purpose of Disbursement Travel	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 387.60	
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) ▼	Transaction ID : SB17.25834.2
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. House Gift Shop		Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2020
Mailing Address Longworth House Office Bldg. Independence & New Jersey Ave., SE		FEC Identification Number C
City Washington	State DC	Zip Code 20515
Purpose of Disbursement Office Supplies	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 199.20	
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) ▼	Transaction ID : SB17.25834.4
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. BLT Prime		Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2020
Mailing Address 1100 Pennsylvania Ave. NW		FEC Identification Number C
City Washington	State DC	Zip Code 20004
Purpose of Disbursement Food/Beverage	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 72.50	
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) ▼	Transaction ID : SB17.25834.5
State: District:	<input checked="" type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	