

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 268 OF 271

| | | | |
|---|------------------------------|------------------------------|------------------------------|
| <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 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Mark Green for Congress

Full Name (Last, First, Middle Initial)

A. HEGYI, ALBERT, , ,

Mailing Address 795 HULLS FARM ROAD

City
FAIRFIELDState
CTZip Code
06890Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09 | | 06 | | 2018 |

FEC Identification Number

C

Amount of Each Disbursement this Period

2700.00

Transaction ID : SB20A.11366

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. LEON, BENJAMIN, , ,

Mailing Address 630 LEUCADENDRA CR.

City
CORAL GABLESState
FLZip Code
33156Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09 | | 06 | | 2018 |

FEC Identification Number

C

Amount of Each Disbursement this Period

2700.00

Transaction ID : SB20A.11365

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| | | | | |

FEC Identification Number

C

Amount of Each Disbursement this Period

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

5400.00

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

5400.00