

**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 31 OF 31			
	<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)  
**Friends of Dave Reichert**

Full Name (Last, First, Middle Initial) <b>A. JAIME FOR CONGRESS</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2018		
Mailing Address PO BOX 1614					
City RIDGEFIELD	State WA	Zip Code 98642	FEC Identification Number C C00472704		
Purpose of Disbursement CONTRIBUTION TO COMMITTEE		Category/ Type	Amount of Each Disbursement this Period 4000.00		
Candidate Name		Transaction ID : SB17.I10890			
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) ▼		<input type="checkbox"/> Memo Item		
State: _____ District: _____					

Full Name (Last, First, Middle Initial) <b>B. WASHINGTON STATE REPUBLICAN PARTY</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2018		
Mailing Address 2840 NORTHUP WAY STE 140					
City BELLEVUE	State WA	Zip Code 98004-1433	FEC Identification Number C C00031088		
Purpose of Disbursement CONTRIBUTION		Category/ Type	Amount of Each Disbursement this Period 20000.00		
Candidate Name		Transaction ID : SB17.I10894			
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) ▼		<input type="checkbox"/> Memo Item		
State: _____ District: _____					

Full Name (Last, First, Middle Initial) <b>C.</b>			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address					
City	State	Zip Code	FEC Identification Number C		
Purpose of Disbursement		Category/ Type	Amount of Each Disbursement this Period		
Candidate Name		<input type="checkbox"/> Memo Item			
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: _____					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	24000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	36750.00