SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Gianngros For Congress

110305644485

A. Full Name (Last, First, Middle Initial)

Zack Space For Congress

Mailing Address P.O. Box 266

City Dover   State OH   Zip Code 44622

Purpose of Disbursement Political Contribution

Category/Type O.11

Candidate Name Zack Space

Office Sought: ☒ House ☐ Senate ☐ President

State: OH   District: 18

Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 1 0

Amount of Each Disbursement this Period 600.00

☐ Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)

Mailing Address

City   State   Zip Code

Purpose of Disbursement

Category/Type

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President

State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)

Mailing Address

City   State   Zip Code

Purpose of Disbursement

Category/Type

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President

State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .... ▶ 600.00

TOTAL This Period (last page this line number only) .... ▶ 5600.00