

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

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<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

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NAME OF COMMITTEE (In Full)

DAN MOODY FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. STEPHENSON, DONNA, Y., MRS.,

Date of Disbursement

M M	D D	Y Y Y Y
04	20	2017

Mailing Address P.O. BOX 43326

City
ATLANTAState
GAZip Code
30336-0326Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2017

☐ Primary ☐ General
☒ Other (specify) ▼

Special-Runoff

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

2700.00

Transaction ID : SB20A.4657

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. STEPHENSON, JAMES, E., MR.,

Date of Disbursement

M M	D D	Y Y Y Y
04	20	2017

Mailing Address P.O. BOX 43326

City
ATLANTAState
GAZip Code
30336-0326Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2017

☐ Primary ☐ General
☒ Other (specify) ▼

Special-Runoff

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

2700.00

Transaction ID : SB20A.4660

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. TURNER, DOUGLAS, B., MR.,

Date of Disbursement

M M	D D	Y Y Y Y
04	20	2017

Mailing Address 3496 TALIMORE KNL

City
MARIETTAState
GAZip Code
30066Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2017

☐ Primary ☐ General
☒ Other (specify) ▼

Special-Runoff

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

2700.00

Transaction ID : SB20A.4658

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

8100.00

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