

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
80-20 NATIONAL ASIAN AMERICAN PAC

Full Name (Last, First, Middle Initial)

A. AFTAB FOR OHIO

Mailing Address PO BOX 713

City CINCINNATI State OH Zip Code 45201

Purpose of Disbursement
campaign contribution

011
Category/
Type

Candidate Name
AFTAB FOR OHIO

Office Sought: House Senate President
Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: OH District: 01

Date of Disbursement

/ /

FEC Identification Number

C C00667519

Transaction ID : SB23.7106

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. ANDY KIM FOR CONGRESS

Mailing Address PO BOX 211

City MARLTON State NJ Zip Code 08053

Purpose of Disbursement
campaign contribution

011
Category/
Type

Candidate Name
ANDY KIM FOR CONGRESS

Office Sought: House Senate President
Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: NJ District: 03

Date of Disbursement

/ /

FEC Identification Number

C C00648220

Transaction ID : SB23.7098

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. SEAN FLYNN FOR CONGRESS

Mailing Address 305 N. SECOND AVE. #233

City UPLAND State CA Zip Code 91786

Purpose of Disbursement
campaign contribution

011
Category/
Type

Candidate Name
SEAN FLYNN FOR CONGRESS

Office Sought: House Senate President
Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: CA District: 31

Date of Disbursement

/ /

FEC Identification Number

C C00602722

Transaction ID : SB23.7102

Amount of Each Disbursement this Period

Memo Item

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

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