

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse 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)
Bucshon for Congress

Full Name (Last, First, Middle Initial) A. HALLAWAY, RASHID, G., MR.,				Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2017	
Mailing Address 522 MAGNOLIA AVENUE					
City CHARLOTTE		State NC	Zip Code 28203		
Purpose of Disbursement REFUND OF CONTRIBUTION			010		
Candidate Name			Category/ Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB20A.I5994 <input type="checkbox"/> Memo Item			
Full Name (Last, First, Middle Initial) B.				Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address					
City		State	Zip Code		
Purpose of Disbursement			Category/ Type		
Candidate Name					
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:		Amount of Each Disbursement this Period <input type="checkbox"/> Memo Item			
Full Name (Last, First, Middle Initial) C.				Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address					
City		State	Zip Code		
Purpose of Disbursement			Category/ Type		
Candidate Name					
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:		Amount of Each Disbursement this Period <input type="checkbox"/> Memo Item			
SUBTOTAL of Disbursements This Page (optional).....▶				1000.00	
TOTAL This Period (last page this line number only).....▶				1000.00	