

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

PAGE 121 OF 123

<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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Katko for Congress

Full Name (Last, First, Middle Initial) A. Schwab, Charles, , ,				Date of Disbursement M M / D D / Y Y Y Y 11 / 25 / 2018			
Mailing Address PO Box 192861							
City San Francisco		State CA	Zip Code 94119-2861		FEC Identification Number C		
Purpose of Disbursement Refund: Contribution Refund			010	Amount of Each Disbursement this Period 2700.00			Transaction ID : B95959BBE68C04BF9AFB
Candidate Name			Category/ Type	Memo Item <input type="checkbox"/>			
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State:	District:						
Full Name (Last, First, Middle Initial)				Date of Disbursement			
Mailing Address				M M / D D / Y Y Y Y			
City		State	Zip Code		FEC Identification Number		
Purpose of Disbursement				Amount of Each Disbursement this Period			Memo Item
Candidate Name			Category/ Type				
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:						
Full Name (Last, First, Middle Initial)				Date of Disbursement			
Mailing Address				M M / D D / Y Y Y Y			
City		State	Zip Code		FEC Identification Number		
Purpose of Disbursement				Amount of Each Disbursement this Period			Memo Item
Candidate Name			Category/ Type				
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:						
SUBTOTAL of Disbursements This Page (optional).....▶				2700.00			
TOTAL This Period (last page this line number only).....▶				2700.00			