

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 58
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Karen Bass for Congress**

Full Name (Last, First, Middle Initial) <b>A. African American Cultural Center</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2015
Mailing Address 3018 West 48th Street		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : D614580</b>
City Los Angeles	State CA	
Zip Code 90043	Purpose of Disbursement Civic Donation	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Cheri Bustos for Congress</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2015
Mailing Address P.O. Box 77		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : D615884</b> <b>[MEMO ITEM]</b>
City East Moline	State IL	
Zip Code 61244	Purpose of Disbursement Federal Contribution	Category/ Type
Candidate Name <b>Cheri Bustos</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IL District: 17	

Full Name (Last, First, Middle Initial) <b>c. Congressional Black Caucus Institute</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2015
Mailing Address 413 New Jersey Avenue SE		Amount of Each Disbursement this Period 1500.00 <b>Transaction ID : D614556</b>
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Civic Donation	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2000.00
<b>TOTAL</b> This Period (last page this line number only).....	