

**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 18 OF 18 |
| | <input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 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)
HASTINGS FOR CONGRESS

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. MEL WATT FOR CONGRESS COMMITTEE | | Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2012 |
| Mailing Address PO BOX 36831 | | Amount of Each Disbursement this Period 1000.00 Transaction ID : SB21.20840 |
| City CHARLOTTE State NC Zip Code 28236 | Purpose of Disbursement CAMPAIGN DONATION | |
| Candidate Name | Category/Type | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: NC District: 12 | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. BRO. CARL MUHAMMAD | | Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2012 |
| Mailing Address 712 SOUTH STREET | | Amount of Each Disbursement this Period 300.00 Transaction ID : SB21.20819 |
| City LAKEWORTH State FL Zip Code 33460 | Purpose of Disbursement DONATION | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. FOOD BANK THE POVERELLO CENTER | | Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2012 |
| Mailing Address 2056 NORTH DIXIE HIGHWAY | | Amount of Each Disbursement this Period 250.00 Transaction ID : SB21.20830 |
| City WILTON MANORS State FL Zip Code 33305 | Purpose of Disbursement DONATION | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 1550.00 |
| TOTAL This Period (last page this line number only)..... | 3050.00 |