

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

|   |   |               |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)  | PAGE 31 OF 32 |
|   | <input type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input checked="" type="checkbox"/> 19b<br>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)  
**Bonamici for Congress**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Democratic Congressional Campaign Committee</b>                          |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 05 / 2016                             |
| Mailing Address 430 S Capitol St SE<br>FI 2   |  | Amount of Each Disbursement this Period<br>18500.00<br><input type="checkbox"/> Memo Item |
| City Washington   | State DC   |   |
| Zip Code 20003-4024   | Purpose of Disbursement<br>Unlimited Transfer to Party Committee   | Transaction ID : <b>D642997</b>   |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B.</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y                                       |
| Mailing Address   |  | Amount of Each Disbursement this Period<br><br><input type="checkbox"/> Memo Item |
| City  | State  |   |
| Zip Code  | Purpose of Disbursement  | Transaction ID : <b>D642997</b>   |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C.</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y                                       |
| Mailing Address   |  | Amount of Each Disbursement this Period<br><br><input type="checkbox"/> Memo Item |
| City  | State  |   |
| Zip Code  | Purpose of Disbursement  | Transaction ID : <b>D642997</b>   |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |          |
|---|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 18500.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... | 18500.00 |