

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

PAGE 1391 OF 1400

<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)
Montanans for Bullock

Full Name (Last, First, Middle Initial) A. Flynn, Linda, , ,				Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2020	
Mailing Address 775 Middle Rd					
City Twin Bridges		State MT	Zip Code 59754-8714		
Purpose of Disbursement Contribution Refund			<input type="checkbox"/>		
Candidate Name			Category/ Type		
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State:	District:				
				FEC Identification Number C	
				Amount of Each Disbursement this Period 500.00	
				Transaction ID : 500009702	
				<input type="checkbox"/> Memo Item	
Full Name (Last, First, Middle Initial) B. Goldberg, Michael, D., ,				Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2020	
Mailing Address 1325 Howard Ave					
City Burlingame		State CA	Zip Code 94010-4212		
Purpose of Disbursement Contribution Refund			<input type="checkbox"/>		
Candidate Name			Category/ Type		
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State:	District:				
				FEC Identification Number C	
				Amount of Each Disbursement this Period 4600.00	
				Transaction ID : 500009864	
				<input type="checkbox"/> Memo Item	
Full Name (Last, First, Middle Initial) c. Green, Patricia, , ,				Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2020	
Mailing Address 2242 NW 7Th St					
City Bend		State OR	Zip Code 97703-1116		
Purpose of Disbursement Contribution Refund			<input type="checkbox"/>		
Candidate Name			Category/ Type		
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State:	District:				
				FEC Identification Number C	
				Amount of Each Disbursement this Period 1000.00	
				Transaction ID : 500009789	
				<input type="checkbox"/> Memo Item	
SUBTOTAL of Disbursements This Page (optional).....▶				6100.00	
TOTAL This Period (last page this line number only).....▶					