

**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 2998 OF 3014

<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

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NAME OF COMMITTEE (In Full)

Amy McGrath for Senate, Inc.

Full Name (Last, First, Middle Initial)

**A. Goldberg, Barbara, , ,**

Mailing Address 624 Cain Drive

City  
Mount PleasantState  
SCZip Code  
29464

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		05		2019

FEC Identification Number

C

Amount of Each Disbursement this Period

500.00

Transaction ID : 20a-000261622

☐ Memo Item Refund

Full Name (Last, First, Middle Initial)

**B. Gonrowski, Marilyn, , ,**

Mailing Address 12300 Marion Lane West, Apt. 2318

City  
MinnetonkaState  
MNZip Code  
55305

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		07		2019

FEC Identification Number

C

Amount of Each Disbursement this Period

1000.00

Transaction ID : 20a-000261616

☐ Memo Item Refund

Full Name (Last, First, Middle Initial)

**C. Noren, Joy, , ,**

Mailing Address 4109 NW Catawba Road

City  
Port ClintonState  
OHZip Code  
43452

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		08		2019

FEC Identification Number

C

Amount of Each Disbursement this Period

500.00

Transaction ID : 20a-000261637

☐ Memo Item Refund
**SUBTOTAL** of Disbursements This Page (optional).....▶

2000.00

**TOTAL** This Period (last page this line number only).....▶