

**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 184 OF 190
	<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)  
**Friends of Don Beyer**

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2017
Mailing Address PO Box 1270		FEC Identification Number C
City Newark	State NJ	Zip Code 07101-1270
Purpose of Disbursement Credit Card Payment		Amount of Each Disbursement this Period 2600.00
Candidate Name	Category/ Type	Transaction ID : VNH26A8CDH1
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. ALIVE!, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2017
Mailing Address 2723 King St		FEC Identification Number C
City Alexandria	State VA	Zip Code 22302-4008
Purpose of Disbursement Donation		Amount of Each Disbursement this Period 500.00
Candidate Name	Category/ Type	Transaction ID : VNH26A8CDP1
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item *
State: District:		

Full Name (Last, First, Middle Initial) <b>C. NARAL Pro-Choice America</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2017
Mailing Address 1156 15th St NW Ste 700		FEC Identification Number C
City Washington	State DC	Zip Code 20005-1744
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 500.00
Candidate Name	Category/ Type	Transaction ID : VNH26A8CDR7
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item *
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	