

**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)

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☐ 17 ☐ 18 ☐ 19a ☐ 19b  
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Schiff for Senate

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Carol Cooper	<b>Transaction ID:</b> B7FB2E38A07B14C65922 <b>Date of Disbursement</b>
Mailing Address 2020 Chancellor St	<div> <div>MM</div> <div>DD</div> <div>YY</div> </div> <div>02 / 22 / 2010</div>
City Philadelphia State PA Zip Code 19103-5605	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Refund: 010 Refund of Contribution	<div>2400.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	
<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Susan E Bradbury	<b>Transaction ID:</b> B68C4F53BB3EB4A9A8C0 <b>Date of Disbursement</b>
Mailing Address 26 Shoreline Dr.	<div> <div>MM</div> <div>DD</div> <div>YY</div> </div> <div>02 / 22 / 2010</div>
City Newport Coast State CA Zip Code 92657-2002	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Refund: 010 Refund of Contribution	<div>2400.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	
<b>C.</b> Full Name (Last, First, Middle Initial) Richard Mushinski	<b>Transaction ID:</b> BBB4D2FBD9EDD4C6BA2A <b>Date of Disbursement</b>
Mailing Address 13406 Sundowner Dr	<div> <div>MM</div> <div>DD</div> <div>YY</div> </div> <div>02 / 22 / 2010</div>
City Houston State TX Zip Code 77041-6569	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Refund: 010 Refund of Contribution	<div>1400.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<div>6200.00</div>
<b>TOTAL</b> This Period (last page this line number only) .....	

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