

**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 207 OF 222
	<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)
Bill Foster for Congress

Full Name (Last, First, Middle Initial) A. WEXTON FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2018
Mailing Address PO Box 650550		FEC Identification Number C C00638023
City Sterling	State VA	
Zip Code 20165-0550		Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement Contribution		Transaction ID : VTDC1ABCQ57
Candidate Name WEXTON FOR CONGRESS		<input type="checkbox"/> Memo Item
Office Sought:	Disbursement For: 2020	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. XOCHITL FOR NEW MEXICO		Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2018
Mailing Address PO Box 2250		FEC Identification Number C C00666149
City Las Cruces	State NM	
Zip Code 88004-2250		Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement Contribution		Transaction ID : VTDC1ABCQ49
Candidate Name TORRES SMALL, XOCHITL, , ,		<input type="checkbox"/> Memo Item
Office Sought:	Disbursement For: 2020	
<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NM	District: 02	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number C
City	State	
Zip Code		Amount of Each Disbursement this Period
Purpose of Disbursement		<input type="checkbox"/> Memo Item
Candidate Name		
Office Sought:	Disbursement For:	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	4000.00
TOTAL This Period (last page this line number only).....	56000.00