

**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 37 OF 42			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 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)  
**Karen Bass for Congress**

Full Name (Last, First, Middle Initial) <b>A. California Democratic Party</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 08 / 2016		
Mailing Address 1401 21st Street, Suite 200			Amount of Each Disbursement this Period 215.85		
City Sacramento	State CA	Zip Code 95811	<input type="checkbox"/> Memo Item <b>Transaction ID : D626513</b>		
Purpose of Disbursement Federal Contribution		Category/ Type			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. Chase Card Services</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2016		
Mailing Address P.O. Box 94014			Amount of Each Disbursement this Period 10000.00		
City Palatine	State IL	Zip Code 60094	<input type="checkbox"/> Memo Item <b>Transaction ID : D626514</b>		
Purpose of Disbursement Credit Card Payment. See Itemization		Category/ Type			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>C. Democratic Congressional Campaign Cmte.</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2016		
Mailing Address 430 S. Capitol St. SE, 2nd Floor			Amount of Each Disbursement this Period 10000.00		
City Washington	State DC	Zip Code 20003	<input checked="" type="checkbox"/> Memo Item <b>Transaction ID : D626515</b>		
Purpose of Disbursement Federal Contribution 30114(a)(4) Transfer		Category/ Type			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	10000.00
<b>TOTAL</b> This Period (last page this line number only).....	