

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

Marie Newman for Congress

Full Name (Last, First, Middle Initial)

A. Lindsey, Mark, , ,

Mailing Address 38 Stratford St

City
West RoxburyState
MAZip Code
02132-2009Purpose of Disbursement
Refund

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
09		30		2019

FEC Identification Number

C

Amount of Each Disbursement this Period

50.00

Transaction ID : VTDG8ADFQW2

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Lindsey, Mark, , ,

Mailing Address 38 Stratford St

City
West RoxburyState
MAZip Code
02132-2009Purpose of Disbursement
Refund

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
09		30		2019

FEC Identification Number

C

Amount of Each Disbursement this Period

50.00

Transaction ID : VTDG8ADFQX0

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

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

100.00

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

1900.00