

**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 44 OF 58 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
CAROL FOR CONGRESS

| | | | | | |
|---|--|------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) A. Squarespace | | | Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2019 | | |
| Mailing Address 225 Varick St FI 12 | | | FEC Identification Number C | | |
| City New York | State NY | Zip Code 10014-4383 | Amount of Each Disbursement this Period 27.82 | | |
| Purpose of Disbursement Web Services | | Category/ Type | Transaction ID : B636813D0ABEF456A97E | | |
| Candidate Name | | | <input type="checkbox"/> Memo Item | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: District: | | | | | |

| | | | | | |
|---|--|--------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) B. Trump International Hotel | | | Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2019 | | |
| Mailing Address 1100 Pennsylvania Ave NW | | | FEC Identification Number C | | |
| City Washington | State DC | Zip Code 20004-2501 | Amount of Each Disbursement this Period 1609.40 | | |
| Purpose of Disbursement Event Catering/Site Rental | | Category/ Type 001 | Transaction ID : B37A2DBDAB6CC48EE8FA | | |
| Candidate Name | | | <input type="checkbox"/> Memo Item | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: District: | | | | | |

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|---|--|--------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) C. BBT | | | Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2019 | | |
| Mailing Address 200 West 2nd Street | | | FEC Identification Number C | | |
| City Winston Salem | State NC | Zip Code 27101-4019 | Amount of Each Disbursement this Period 15.00 | | |
| Purpose of Disbursement Bank Fee | | Category/ Type 001 | Transaction ID : B66450072AF2346D69B0 | | |
| Candidate Name | | | <input type="checkbox"/> Memo Item | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: District: | | | | | |

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|--|---------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 1652.22 |
| TOTAL This Period (last page this line number only).....▶ | |