

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CONNECTICUT FIRST

Full Name (Last, First, Middle Initial) A. Coleman, George, , ,		Date of Disbursement MM / DD / YYYY 03 / 27 / 2018	
Mailing Address 369 Sasco Hill Rd		FEC Identification Number C [REDACTED] Transaction ID : SB28A.4236 Amount of Each Disbursement this Period [REDACTED] 202.00	
City Fairfield	State CT	Zip Code 06824	Category/ Type [REDACTED]
Purpose of Disbursement Donation Refund		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. Dyer, Mary, , ,		Date of Disbursement MM / DD / YYYY 03 / 27 / 2018	
Mailing Address 2 McLaren Rd S		FEC Identification Number C [REDACTED] Transaction ID : SB28A.4248 Amount of Each Disbursement this Period [REDACTED] 1090.00	
City Darien	State CT	Zip Code 06820	Category/ Type [REDACTED]
Purpose of Disbursement Donation Refund		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. Fogel, David, , ,		Date of Disbursement MM / DD / YYYY 03 / 27 / 2018	
Mailing Address 649 Merwins Ln		FEC Identification Number C [REDACTED] Transaction ID : SB28A.4235 Amount of Each Disbursement this Period [REDACTED] 1009.00	
City Fairfield	State CT	Zip Code 06824	Category/ Type [REDACTED]
Purpose of Disbursement Donation Refund		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

SUBTOTAL of Disbursements This Page (optional)..... ▶

2301.00

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