

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 checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input 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)
Committee for Leadership and Progress

Full Name (Last, First, Middle Initial)

A. ILHAN FOR CONGRESS

Mailing Address 400 SOUTH 4TH STREET
SUITE 401-200

City MINNEAPOLIS State MN Zip Code 55415

Purpose of Disbursement
Contribution

Candidate Name
OMAR, ILHAN, , ,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General
 Other (specify) ▼
State: MN District: 05

Date of Disbursement

MM / DD / YYYY
09 / 25 / 2018

FEC Identification Number

C C00680934

Transaction ID : D686185

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. KATHY MANNING FOR CONGRESS

Mailing Address PO BOX 41197

City GREENSBORO State NC Zip Code 27404

Purpose of Disbursement
Contribution

Candidate Name
MANNING, KATHY, , ,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General
 Other (specify) ▼
State: NC District: 13

Date of Disbursement

MM / DD / YYYY
09 / 25 / 2018

FEC Identification Number

C C00662577

Transaction ID : D686178

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. KATIE PORTER FOR CONGRESS

Mailing Address 777 S. FIGUEROA ST., SUITE 4050

City LOS ANGELES State CA Zip Code 90017

Purpose of Disbursement
Contribution

Candidate Name
PORTER, KATHERINE, , ,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General
 Other (specify) ▼
State: CA District: 45

Date of Disbursement

MM / DD / YYYY
09 / 25 / 2018

FEC Identification Number

C C00636571

Transaction ID : D686164

Amount of Each Disbursement this Period

1000.00

Memo Item

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

3000.00

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