

**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 216 OF 217	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Don Beyer**

Full Name (Last, First, Middle Initial) <b>A. GAIL SCHWARTZ FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2016
Mailing Address PO Box 1209		FEC Identification Number C C00614073
City Crested Butte	State CO	Zip Code 81224-1209
Purpose of Disbursement Contribution	Category/ Type	Amount of Each Disbursement this Period 1000.00
Candidate Name <b>SCHWARTZ, GAIL SHERIDAN MS., , ,</b>	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : <b>VNH26A1V3C8</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CO District: 03	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2016
Mailing Address PO Box 1270		FEC Identification Number C
City Newark	State NJ	Zip Code 07101-1270
Purpose of Disbursement Credit Card Payment	Category/ Type	Amount of Each Disbursement this Period 50.00
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : <b>VNH26A1GZC8</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>c. Mark Levine for Delegate</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2016
Mailing Address 805 Rivergate Pl		FEC Identification Number C
City Alexandria	State VA	Zip Code 22314-1708
Purpose of Disbursement Contribution	Category/ Type	Amount of Each Disbursement this Period 50.00
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : <b>VNH26A1GZD6</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	<input checked="" type="checkbox"/> Memo Item *

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1050.00
<b>TOTAL</b> This Period (last page this line number only).....▶	