

**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)
WinDEM

A. CINDY AXNE FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address 3775 EP TRUE PARKWAY
P.O. BOX 126

City WEST DES MOINES State IA Zip Code 50265

Purpose of Disbursement
Earmarked by Thomson Hirst and transmitted by committee check

Candidate Name
AXNE, CINDY, , ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: IA District: 03

Date of Disbursement

/ /

FEC Identification Number

C C00646844

Transaction ID : SB23.4687

Amount of Each Disbursement this Period

Memo Item

B. CISNEROS FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 40

City PLACENTIA State CA Zip Code 92871

Purpose of Disbursement
Earmarked by Shashi Gupta and transmitted by committee check

Candidate Name
CISNEROS, GILBERT, , ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: CA District: 39

Date of Disbursement

/ /

FEC Identification Number

C C00650648

Transaction ID : SB23.4542

Amount of Each Disbursement this Period

Memo Item

C. CISNEROS FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 40

City PLACENTIA State CA Zip Code 92871

Purpose of Disbursement
Earmarked by Thomson Hirst and transmitted by committee check

Candidate Name
CISNEROS, GILBERT, , ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: CA District: 39

Date of Disbursement

/ /

FEC Identification Number

C C00650648

Transaction ID : SB23.4689

Amount of Each Disbursement this Period

Memo Item

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

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