

**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 129 OF 129			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**YVETTE4CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Johnson, Charles, B, ,</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2021		
Mailing Address 1220 S Ocean Blvd			FEC Identification Number <b>C</b>		
City Palm Beach	State FL	Zip Code 33480-5016	Amount of Each Disbursement this Period 2800.00		
Purpose of Disbursement Refund: Replacement Refund Check		Category/ Type 010	Transaction ID : <b>B7B768306AF40439A829</b>		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Basin Pipe &amp; Metal, INC</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2021		
Mailing Address 13 Pennsylvania Ave			FEC Identification Number <b>C</b>		
City Alamogordo	State NM	Zip Code 88310-9113	Amount of Each Disbursement this Period 500.00		
Purpose of Disbursement Refund: Replacement Refund Check		Category/ Type 010	Transaction ID : <b>BDD6174086FA549E0AFE</b>		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C.</b>			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address			FEC Identification Number <b>C</b>		
City	State	Zip Code	Amount of Each Disbursement this Period		
Purpose of Disbursement		Category/ Type	Memo Item <input type="checkbox"/>		
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) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	7150.00