

**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 48 OF 51
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Committee to Re-elect Henry Hank Johnson**

Full Name (Last, First, Middle Initial) <b>A. DONNA EDWARDS FOR SENATE</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 01 / 2015</b>
Mailing Address <b>PO Box 44305</b>		Amount of Each Disbursement this Period <b>1000.00</b> Transaction ID : <b>VQZ3QA06EH2</b>
City <b>Fort Washington</b> State <b>MD</b> Zip Code <b>20749-4305</b>	Purpose of Disbursement Contribution	
Candidate Name <b>DONNA FERN EDWARDS</b>		Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>MD</b> District: <b>03</b>		

Full Name (Last, First, Middle Initial) <b>B. DONNA EDWARDS FOR SENATE</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 09 / 2015</b>
Mailing Address <b>PO Box 44305</b>		Amount of Each Disbursement this Period <b>500.00</b> Transaction ID : <b>VQZ3QA22BD5</b>
City <b>Fort Washington</b> State <b>MD</b> Zip Code <b>20749-4305</b>	Purpose of Disbursement Contribution	
Candidate Name <b>DONNA FERN EDWARDS</b>		Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>MD</b> District: <b>03</b>		

Full Name (Last, First, Middle Initial) <b>c. Friends of Doreen Carter</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 09 / 2015</b>
Mailing Address <b>2546 Bond St</b>		Amount of Each Disbursement this Period <b>500.00</b> Transaction ID : <b>VQZ3QA06ES5</b>
City <b>Lithonia</b> State <b>GA</b> Zip Code <b>30058-4440</b>	Purpose of Disbursement Non-Federal Contribution	
Candidate Name <b>Friends of Doreen Carter</b>		Category/ Type
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).....	<b>2000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	