

**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 1068 OF 1070			
	<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)
Whitehouse for Senate

Full Name (Last, First, Middle Initial) A. Rockefeller, Laurance, , ,			Date of Disbursement M M / D D / Y Y Y Y 06 / 14 / 2021		
Mailing Address 1 Rockefeller Plz Rm 2500					
City New York	State NY	Zip Code 10020-2003	FEC Identification Number C		
Purpose of Disbursement Refund of Contribution		Category/ Type	Amount of Each Disbursement this Period 800.00		
Candidate Name		Transaction ID : VTD8JAFE4V9			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item		
State: _____ District: _____					

Full Name (Last, First, Middle Initial) B. Salemi, Joan, , ,			Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2021		
Mailing Address 6026 Queenston St					
City Springfield	State VA	Zip Code 22152-1745	FEC Identification Number C		
Purpose of Disbursement Refund of Contribution		Category/ Type	Amount of Each Disbursement this Period 1500.00		
Candidate Name		Transaction ID : VTD8JAFEW22			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item		
State: _____ District: _____					

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

SUBTOTAL of Disbursements This Page (optional).....▶	2300.00
TOTAL This Period (last page this line number only).....▶	6100.00