

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**WALDEN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. DAVIS, ASHLEY, , ,**

Mailing Address 4414 29TH STREET NW

City  
WASHINGTONState  
DCZip Code  
20008Purpose of Disbursement  
PARTIAL REFUND - EXCESSIVE CONTRIBUTIONS

010

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
06	30	2018

FEC Identification Number

C

Amount of Each Disbursement this Period

600.00

Transaction ID : SB20A.117417

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. JOYCE, CHARLES, , ,**

Mailing Address PO BOX 483

City  
WELLSVILLEState  
NYZip Code  
14895Purpose of Disbursement  
REFUND EXCESSIVE CONTRIBUTION

010

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
06	30	2018

FEC Identification Number

C

Amount of Each Disbursement this Period

2700.00

Transaction ID : SB20A.117155

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

3300.00

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

3300.00