

**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 16 OF 23	
	<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)
HATCH ELECTION COMMITTEE, INC.

Full Name (Last, First, Middle Initial) A. BAKER, JAMES, C., ,			Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2019	
Mailing Address 1172 PARK AVE APT 4BD			FEC Identification Number C	
City NEW YORK	State NY	Zip Code 10128-1213	Amount of Each Disbursement this Period 1300.00	
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	Transaction ID : B15DCB41B8F0D4CFAACD	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. HEYMAN, LAZARUS, , ,			Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2019	
Mailing Address 667 MADISON AVE			FEC Identification Number C	
City NEW YORK	State NY	Zip Code 10065-8029	Amount of Each Disbursement this Period 2700.00	
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	Transaction ID : B129BA451558442C4A43	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ RUN-OFF PRIMARY			
State: District:				

Full Name (Last, First, Middle Initial) C. GEVORGIAN, ALEXIS, , ,			Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2019	
Mailing Address 17164 OAK VIEW DR			FEC Identification Number C	
City ENCINO	State CA	Zip Code 91316-4012	Amount of Each Disbursement this Period 2700.00	
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	Transaction ID : B4E631D8D678C44FE8E9	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ RUN-OFF PRIMARY			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	