

**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 62 OF 63			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Clarke for Congress**

Full Name (Last, First, Middle Initial) <b>A. CLAY JR. FOR CONGRESS</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2016
Mailing Address PO Box 4544			FEC Identification Number C C00346080
City Saint Louis	State MO	Zip Code 63108-0544	Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement Political Contribution		Category/ Type 011	Transaction ID : VQZGVA8ZRP6
Candidate Name <b>CLAY, WILLIAM LACY JR, LACY, , JR.</b>		Disbursement For: 2016	<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: MO District: 01			

Full Name (Last, First, Middle Initial) <b>B. Taddeo For Congress</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2016
Mailing Address PO Box 565388			FEC Identification Number C C00445163
City Miami	State FL	Zip Code 33256-5388	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Political Contribution		Category/ Type 011	Transaction ID : VQZGVAA3FY5
Candidate Name <b>TADDEO, ANNETTE, , ,</b>		Disbursement For: 2016	<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: FL District: 18			

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 C
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		Category/ Type	<input type="checkbox"/> Memo Item
Candidate Name		Disbursement For:	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	3000.00