

SCHEDULE B-P
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

PAGE OF

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NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial)				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					
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:					
Full Name (Last, First, Middle Initial)				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					
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:					
Full Name (Last, First, Middle Initial)				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					
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 Receipts This Page (optional).....

Total This Period (last page this line number only).....