

**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 243 OF 243	
	<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)
Gallego For Arizona

Full Name (Last, First, Middle Initial) A. SWALWELL FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2019
Mailing Address PO Box 2847		FEC Identification Number C C00502294
City Dublin	State CA	Zip Code 94568-0847
Purpose of Disbursement Contribution	Category/ Type	Amount of Each Disbursement this Period 2000.00
Candidate Name SWALWELL, ERIC MICHAEL, , ,	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : VNH47ADYSZ5
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CA District: 15	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. SWALWELL FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2019
Mailing Address PO Box 2847		FEC Identification Number C C00502294
City Dublin	State CA	Zip Code 94568-0847
Purpose of Disbursement Contribution	Category/ Type	Amount of Each Disbursement this Period 2000.00
Candidate Name SWALWELL, ERIC MICHAEL, , ,	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : VNH47ADYT03
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CA District: 15	<input type="checkbox"/> Memo Item

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

SUBTOTAL of Disbursements This Page (optional).....▶	4000.00
TOTAL This Period (last page this line number only).....▶	4000.00