

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 463 OF 646                    |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. JW Marriott Phoenix</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 15 / 2023 |
| Mailing Address 5350 E Marriott Dr  |  | FEC Identification Number<br>C                           |
| City<br>Phoenix   | State<br>AZ  | Zip Code<br>85054-6147                                   |
| Purpose of Disbursement<br>Travel Expenses  |  | Amount of Each Disbursement this Period<br>152.12        |
| Candidate Name  |  | Transaction ID : 500073597                               |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item                       |
| State: _____  | District: _____  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. JW Marriott San Francisco Union Square</b>                               |  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 15 / 2023 |
| Mailing Address 515 Mason St  |  | FEC Identification Number<br>C                           |
| City<br>San Francisco   | State<br>CA  | Zip Code<br>94102-1226                                   |
| Purpose of Disbursement<br>Travel Expenses  |  | Amount of Each Disbursement this Period<br>464.74        |
| Candidate Name  |  | Transaction ID : 500073941                               |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item                       |
| State: _____  | District: _____  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Kaiser Group</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>01 / 17 / 2023 |
| Mailing Address 1 Kaiser Plz  |  | FEC Identification Number<br>C                           |
| City<br>Oakland   | State<br>CA  | Zip Code<br>94612-3610                                   |
| Purpose of Disbursement<br>Health Insurance   |  | Amount of Each Disbursement this Period<br>349.43        |
| Candidate Name  |  | Transaction ID : 500073264                               |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item                       |
| State: _____  | District: _____  |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | 966.29 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |