

**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 211 OF 287			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Cathy McMorris Rodgers for Congress

Full Name (Last, First, Middle Initial) A. Inland Publications Inc			Date of Disbursement MM / DD / YYYY 08 / 08 / 2014	
Mailing Address 9 S Washington 4th Floor			Amount of Each Disbursement this Period 618.00	
City Spokane	State WA	Zip Code 99201	Transaction ID : SB17.71444.15	
Purpose of Disbursement Advertising - newspaper ad		Category/ Type 004	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. Deer Park Tribune			Date of Disbursement MM / DD / YYYY 08 / 08 / 2014	
Mailing Address Box 400			Amount of Each Disbursement this Period 312.00	
City Deer Park	State WA	Zip Code 99006	Transaction ID : SB17.71444.16	
Purpose of Disbursement Advertising - newspaper ad		Category/ Type 004	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) c. Davenport Hotel			Date of Disbursement MM / DD / YYYY 08 / 08 / 2014	
Mailing Address 10 S Post			Amount of Each Disbursement this Period 33.00	
City Spokane	State WA	Zip Code 99201	Transaction ID : SB17.71444.18	
Purpose of Disbursement Office - meals with constituents		Category/ Type 001	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

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