

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Article 1 Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF PETE GALLEGO**

Mailing Address PO BOX 1781

City SAN ANTONIO State TX Zip Code 78296

Purpose of Disbursement  
Contribution

Candidate Name

**PETE GALLEGO**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TX District: 23

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			16			2014			

**Transaction ID : SB23.4399**

Amount of Each Disbursement this Period

1000.00
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Full Name (Last, First, Middle Initial)

**B. GRAHAM FOR CONGRESS**

Mailing Address PO BOX 310

City TALLAHASSEE State FL Zip Code 32302

Purpose of Disbursement  
Contribution

Candidate Name

**GWEN GRAHAM**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: FL District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			16			2014			

**Transaction ID : SB23.4430**

Amount of Each Disbursement this Period

1000.00
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Full Name (Last, First, Middle Initial)

**C. HORSFORD FOR CONGRESS**

Mailing Address 6100 ELTON AVE.  
SUITE 1000

City LAS VEGAS State NV Zip Code 89107

Purpose of Disbursement  
Contribution

Candidate Name

**STEVEN ALEXZANDER HORSFORD**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NV District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			24			2014			

**Transaction ID : SB23.4383**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

3000.00
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**TOTAL** This Period (last page this line number only)..... ▶

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