

**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 81 OF 86			
	<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)  
**Garamendi for Congress**

Full Name (Last, First, Middle Initial) <b>A. Chevron Elk Grove</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 8100 Sheldon Rd			Amount of Each Disbursement this Period 119.73
City Elk Grove	State CA	Zip Code 95758-5963	
Purpose of Disbursement Travel		Category/ Type	<b>Transaction ID : D454156</b>  <b>[MEMO ITEM]</b>
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) <b>B. Cost Plus World Market</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 9680 Bruceville Rd			Amount of Each Disbursement this Period 315.81
City Elk Grove	State CA	Zip Code 95757	
Purpose of Disbursement Event Supplies		Category/ Type	<b>Transaction ID : D454171</b>  <b>[MEMO ITEM]</b>
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) <b>C. Exxon Mobil</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 2000 K St NW			Amount of Each Disbursement this Period 70.61
City Washington	State DC	Zip Code 20006-1809	
Purpose of Disbursement Travel		Category/ Type	<b>Transaction ID : D454164</b>  <b>[MEMO ITEM]</b>
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: _____		

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