

**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 39 OF 41			
	<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)
Jim Costa for Congress

Full Name (Last, First, Middle Initial) A. Sebasto Communications Group		Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2015
Mailing Address PO Box 3498		Amount of Each Disbursement this Period 3000.00 Transaction ID : SB17.9641
City Clovis	State CA	
Purpose of Disbursement Fundraising Fees		Category/ Type
Candidate Name Jim Costa for Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA	District: 16	

Full Name (Last, First, Middle Initial) B. Lawrence M. Sheingold		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2015
Mailing Address 501 Santa Ynez Way		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB17.9612
City Sacramento	State CA	
Purpose of Disbursement Election Analysis		Category/ Type 005
Candidate Name Jim Costa for Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA	District: 16	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Purpose of Disbursement		Category/ Type
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:	

SUBTOTAL of Disbursements This Page (optional).....	8000.00
TOTAL This Period (last page this line number only).....	57708.66