

**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 40 OF 41	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Jim Costa for Congress

Full Name (Last, First, Middle Initial) A. Kimberly Schaefer		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address 8147 N. Cedar, #103		Amount of Each Disbursement this Period 12762.82
City Fresno	State CA	
Zip Code 93720	Purpose of Disbursement Supervision of 2014 Recount	Transaction ID : SB21.9561
Candidate Name Jim Costa for Congress	Category/ Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Recount	
State: CA District: 16		

Full Name (Last, First, Middle Initial) B. Kimberly Schaefer		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address 8147 N. Cedar, #103		Amount of Each Disbursement this Period 7237.18
City Fresno	State CA	
Zip Code 93720	Purpose of Disbursement Supervision of Ballot Count	Transaction ID : SB21.9562
Candidate Name Jim Costa for Congress	Category/ Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Recount	
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	
Zip Code	Purpose of Disbursement	
Candidate Name	Category/ Type	
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).....	20000.00
TOTAL This Period (last page this line number only).....	20000.00