



**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**STRICKLAND FOR CONGRESS**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	139734.00	1021766.88
(b) Total Contribution Refunds (from Line 20(d)) .....	400.00	400.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	139334.00	1021366.88
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	373752.38	627493.39
(b) Total Offsets to Operating Expenditures (from Line 14).....	5700.00	5700.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	368052.38	621793.39
8. Cash on Hand at Close of Reporting Period (from Line 27).....	427469.62	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**STRICKLAND FOR CONGRESS**

Report Covering the Period: From:  /  /  To:  /  /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	100051.00	821815.88
(ii) Unitemized.....	5433.00	13751.00
(iii) TOTAL of contributions from individuals ▶	105484.00	835566.88
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	34250.00	186200.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	139734.00	1021766.88
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0.00	27896.13
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....	5700.00	5700.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	145434.00	1055363.01

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	373752.38	627493.39
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	400.00	400.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	400.00	400.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	374152.38	627893.39

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	656188.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	145434.00
25. SUBTOTAL (add Line 23 and Line 24).....	801622.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	374152.38
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	427469.62

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 5 OF 115  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**STRICKLAND FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**PATTI ADAIR**

Mailing Address 959 CRATER OAK DRIVE

City State Zip Code  
CALABASAS CA 91302

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF EMPLOYED ACCOUNTANT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 05 / 2014

**Transaction ID : SA11AI.6415**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**MARK S ARMBRUSTER**

Mailing Address 11611 SAN VICENTE BLVD. STE. 900

City State Zip Code  
LOS ANGELES CA 90049

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
ARMBRUSTER & ASSOCIATES ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 13 / 2014

**Transaction ID : SA11AI.6311**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**SUSAN ARMISTEAD**

Mailing Address 11066 CASHMERE ST

City State Zip Code  
LOS ANGELES CA 90049

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 07 / 2014

**Transaction ID : SA11AI.6358**

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional).....

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

2500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 115
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**STRICKLAND FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**JACQUELINE AUTRY**

Mailing Address 328 W. MOUNTAIN VIEW PLACE

City PALM SPRINGS State CA Zip Code 92262

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 24 / 2014

**Transaction ID : SA11AI.6127**

Amount of Each Receipt this Period  
 2600.00

**B.** Full Name (Last, First, Middle Initial)  
**FRANK E BAXTER**

Mailing Address 11100 SANTA MONICA BOULEVARD

City LOS ANGELES State CA Zip Code 90025

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 13 / 2014

**Transaction ID : SA11AI.6195**

Amount of Each Receipt this Period  
 1600.00

**C.** Full Name (Last, First, Middle Initial)  
**DOUGLAS BERNARDS**

Mailing Address 555 FIRST STREET

City SAN FERNANDO State CA Zip Code 91340

FEC ID number of contributing federal political committee. **C**

Name of Employer BERNARDS BROTHERS CONSTRUCTION Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 13 / 2014

**Transaction ID : SA11AI.6315**

Amount of Each Receipt this Period  
 1000.00

**SUBTOTAL** of Receipts This Page (optional).....

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

5200.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 115
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**STRICKLAND FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**GREGORY BERNARDS**

Mailing Address 555 FIRST STREET

City SAN FERNANDO State CA Zip Code 91340

FEC ID number of contributing federal political committee. **C**

Name of Employer BERNARD'S BUILDING Occupation GENERAL CONTRACTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 13 / 2014

**Transaction ID : SA11AI.6313**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**BRUCE BIALOSKY**

Mailing Address 9301 WILSHIRE BLVD.

City BEVERLY HILLS State CA Zip Code 90210

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED Occupation CPA

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 14 / 2014

**Transaction ID : SA11AI.6836**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**PAUL W BLACK**

Mailing Address 6251 PALO PINTO AVE.

City DALLAS State TX Zip Code 75214

FEC ID number of contributing federal political committee. **C**

Name of Employer BWPF HARVEST POINT CAPITAL LLC Occupation EXECUTIVE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 13 / 2014

**Transaction ID : SA11AI.6317**

Amount of Each Receipt this Period  
 1000.00

**SUBTOTAL** of Receipts This Page (optional).....

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

2500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 115
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**STRICKLAND FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**WILLIAM BLOOMFIELD JR**

Mailing Address 940 1ST ST

City State Zip Code  
MANHATTAN BEACH CA 90266

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 07 / 2014

**Transaction ID : SA11AI.6369**

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
**JOHN BOMMARITO**

Mailing Address 26182 GLEN CANYON DRIVE

City State Zip Code  
LAGUNA HILLS CA 92653

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
WESTERN FEDERAL CREDIT UNION CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 14 / 2014

**Transaction ID : SA11AI.6246**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**BURT BOYAR**

Mailing Address 10450 WILSHIRE BLVD.  
P H E

City State Zip Code  
LOS ANGELES CA 90024

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF EMPLOYED AUTHOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 22 / 2014

**Transaction ID : SA11AI.6133**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional).....

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

3500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 115
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**STRICKLAND FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**JENNIFER BUBALO**

Mailing Address 520 HAYNES AVE.

City State Zip Code  
BEVERLY HILLS CA 90210

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 14 / 2014

**Transaction ID : SA11AI.6828**

Amount of Each Receipt this Period  
2600.00

**B.** Full Name (Last, First, Middle Initial)  
**NIKOLA BUBALO**

Mailing Address 520 HAYNES AVE.

City State Zip Code  
BEVERLY HILLS CA 90210

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
PECK GRAVEL CONSTRUCTION

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 14 / 2014

**Transaction ID : SA11AI.6830**

Amount of Each Receipt this Period  
2600.00

**C.** Full Name (Last, First, Middle Initial)  
**BOB BYERS**

Mailing Address 100 WEST POTRERO ROAD

City State Zip Code  
THOUSANDS OAKS CA 91361

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
POTRERO INVESTMENTS OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 11 / 2014

**Transaction ID : SA11AI.6248**

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional).....

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

6200.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 115
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**STRICKLAND FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**BYRON A CAMPBELL**

Mailing Address 500 MOSS HILL LN.

City State Zip Code  
EULESS TX 76039

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CAPITOL-INSIGHTS SENIOR PARTNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 13 / 2014

**Transaction ID : SA11AI.6321**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**PATRICK M CAREY**

Mailing Address 525 SEGOVIA AVE

City State Zip Code  
SAN GABRIEL CA 91775

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CALIFORNIA CREDIT UNION CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 07 / 2014

**Transaction ID : SA11AI.6373**

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
**EDWARD CHEN**

Mailing Address 859 E. PROMENADE UNIT A

City State Zip Code  
AZUSA CA 91702

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
ATHENS SERVICES DIRECTOR OF GOVERNMENT AFFAIRS

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 13 / 2014

**Transaction ID : SA11AI.6342**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional).....

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

1550.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 115
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**STRICKLAND FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**SEAN CLIFFORD**

Mailing Address 13541 TREASURE COVE CIRCLE

City NORTH PALM BEACH State CA Zip Code 33408

FEC ID number of contributing federal political committee. **C**

Name of Employer ADVANCE PACIFIC INVESTMENTS LTD. Occupation MANAGING DIRECTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 05 / 2014

**Transaction ID : SA11AI.6417**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**ROBERT A COCHRAN**

Mailing Address 2053 LAKE AUDUBON COURT

City RESTON State VA Zip Code 20191

FEC ID number of contributing federal political committee. **C**

Name of Employer PORTER GORDON SILVER COMMUNICATIO Occupation COO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 07 / 2014

**Transaction ID : SA11AI.6284**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**JEFFREY CRAFTS**

Mailing Address 100 PACIFICA SUITE 140

City IRVINE State CA Zip Code 92618

FEC ID number of contributing federal political committee. **C**

Name of Employer CRAFTS LAW FIRM Occupation PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 04 / 2014

**Transaction ID : SA11AI.6252**

Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional).....

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

1500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 115
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**STRICKLAND FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**SCOTT CHARLES DACEY**

Mailing Address 139 TRENT SHORES DR

City State Zip Code  
TRENT WOODS NC 28562

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
PACE GOVERNMENT RELATIONS LOBBYIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11AI.6282**

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**ROBERT DAY**

Mailing Address 865 S. FIGUEROA STREET, #700

City State Zip Code  
LOS ANGELES CA 90017

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
TCW CHAIRMAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11AI.6396**

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**RICHARD DEBLASI**

Mailing Address 11574 KELSEY STREET

City State Zip Code  
STUDIO CITY CA 91604

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
CAL-STATE AUTO PARTS PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11AI.6439**

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

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

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 115
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**STRICKLAND FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**CAROL DONALDSON**

Mailing Address 25515 HARDY PL.

City State Zip Code  
STEVENS ON RANCH CA 91381

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CRATER INDUSTRIES, LLC OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 14 / 2014

**Transaction ID : SA11AI.6820**

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
**MATTHEW G DONALDSON**

Mailing Address 25515 HARDY PL.

City State Zip Code  
STEVENS ON RANCH CA 91381

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CRATER INDUSTRIES, LLC OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 14 / 2014

**Transaction ID : SA11AI.6822**

Amount of Each Receipt this Period  
2000.00

**C.** Full Name (Last, First, Middle Initial)  
**DIANA DYKSTRA**

Mailing Address 701 ALAMOSA DRIVE

City State Zip Code  
CLAREMONT CA 91711

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CA CREDIT UNION CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 16 / 2014

**Transaction ID : SA11AI.6240**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional).....

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

4500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 115
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**STRICKLAND FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**PHILLIP W ENGLISH**

Mailing Address 7350 BRIGHTSIDE RD

City State Zip Code  
BALTIMORE MD 21212

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF EMPLOYED ARTIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 07 / 2014

**Transaction ID : SA11AI.6295**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**WAYNE D ESTILLS**

Mailing Address 30714 ELL PEQUENO

City State Zip Code  
MALIBU CA 90265

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 07 / 2014

**Transaction ID : SA11AI.6377**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**JUDY FLESH**

Mailing Address 456 PARKWOOD DRIVE

City State Zip Code  
LOS ANGELES CA 90077

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 06 / 2014

**Transaction ID : SA11AI.6407**

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional).....

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

2500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 15 OF 115  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**STRICKLAND FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**ROBERT TOM FLESH**

Mailing Address 456 PARKWOOD DRIVE

City State Zip Code  
LOS ANGELES CA 90077

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SAFETY INVESTMENT COMPANY PRESIDENT

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 06 / 2014

**Transaction ID : SA11AI.6409**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**JOHN FOREST HILBERT**

Mailing Address 1230 COLUMBIA STREET, SUITE 1050

City State Zip Code  
SAN DIEGO CA 92101

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
ANDERSEN HILBERT & PARKER, LLP ATTORNEY

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
520.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 14 / 2014

**Transaction ID : SA11AI.6349**

Amount of Each Receipt this Period  
520.00

**C.** Full Name (Last, First, Middle Initial)  
**JOHN FOREST HILBERT**

Mailing Address 1230 COLUMBIA STREET, SUITE 1050

City State Zip Code  
SAN DIEGO CA 92101

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
ANDERSEN HILBERT & PARKER, LLP ATTORNEY

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1040.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 14 / 2014

**Transaction ID : SA11AI.6350**

Amount of Each Receipt this Period  
520.00

**SUBTOTAL** of Receipts This Page (optional).....

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

2040.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 115
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**STRICKLAND FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**DAVID GEETING**

Mailing Address 27598 NORTH COBBLESTONE CT

City VALENCIA State CA Zip Code 91354

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 07 / 2014

**Transaction ID : SA11AI.6453**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**W. BRYAN GEORGE**

Mailing Address 2500 AVENUTE STANFORD

City VALENCIA State CA Zip Code 91355

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED Occupation C.P.A.

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 07 / 2014

**Transaction ID : SA11AI.6379**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**PETER D GIBBONS**

Mailing Address 333 CONTINENTAL BLVD.

City EL SEGUNDO State CA Zip Code 90245

FEC ID number of contributing federal political committee. **C**

Name of Employer MATTELL, INC. Occupation EVP

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 07 / 2014

**Transaction ID : SA11AI.6381**

Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional).....

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

1000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 115
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. TODD GILLENWATER</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 30 / 2014	
Mailing Address 1413 1ST ST, NW		<b>Transaction ID : SA11AI.6441</b>	
City WASHINGTON	State DC	Zip Code 20001	Amount of Each Receipt this Period _____ 1000.00
FEC ID number of contributing federal political committee.		C	
Name of Employer CA HEALTHCARE INSTITUTE	Occupation PRESIDENT AND CEO		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date _____ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. JACK S GORDON</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 22 / 2014	
Mailing Address 24546 TREASURE VISTA DRIVE		<b>Transaction ID : SA11AI.6327</b>	
City NEWHALL	State CA	Zip Code 91321	Amount of Each Receipt this Period _____ 500.00
FEC ID number of contributing federal political committee.		C	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date _____ 500.00	

Full Name (Last, First, Middle Initial) <b>C. JASON GREENMAN</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 06 / 2014	
Mailing Address 268 LORRAINE BLVD		<b>Transaction ID : SA11AI.6411</b>	
City LOS ANGELES	State CA	Zip Code 90004	Amount of Each Receipt this Period _____ 500.00
FEC ID number of contributing federal political committee.		C	
Name of Employer SCOREWIZE, INC.	Occupation EXECUTIVE		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date _____ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 2000.00
<b>TOTAL</b> This Period (last page this line number only).....	_____

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 115
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**STRICKLAND FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**CELESTE GREIG**

Mailing Address **9124 CREBS AVE.**

City **NORTHRIDGE** State **CA** Zip Code **91324**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF EMPLOYED** Occupation **BUSINESS MANAGER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 22 / 2014**

**Transaction ID : SA11AI.6135**

Amount of Each Receipt this Period  
 \_\_\_\_\_  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**DON RUFUS HANKEY**

Mailing Address **2553 SUMMIT RIDGE DRIVE**

City **BEVERLY HILLS** State **CA** Zip Code **90210**

FEC ID number of contributing federal political committee. **C**

Name of Employer **NOWCOM** Occupation **PRESIDENT**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 06 / 2014**

**Transaction ID : SA11AI.6413**

Amount of Each Receipt this Period  
 \_\_\_\_\_  
**1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**RUSSEL L HANLIN**

Mailing Address **119 E. UNION ST. SUITE C**

City **PASADENA** State **CA** Zip Code **91103**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 06 / 2014**

**Transaction ID : SA11AI.6190**

Amount of Each Receipt this Period  
 \_\_\_\_\_  
**200.00**

**SUBTOTAL** of Receipts This Page (optional).....

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

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**1700.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 115
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**STRICKLAND FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MARTIN A HARMON**

Mailing Address 4020 SIERRA COLLEGE BLVD

City State Zip Code  
ROCKLIN CA 95677

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AUBURN MANOR HOLDING COPORATION PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 07 / 2014

**Transaction ID : SA11AI.6385**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**KLAUS HEIDEGGER**

Mailing Address 19901 NORTHRIDGE ROAD

City State Zip Code  
CHATSORTH CA 91311

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF EMPLOYED PUBLISHER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 28 / 2014

**Transaction ID : SA11AI.6117**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**MICHAEL HERSON**

Mailing Address 8709 BURNING TREE ROAD

City State Zip Code  
BETHESDA MD 20817

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AMERICAN DEFENSE INTERNATIONAL, INC. GOVERNMENT RELATIONS CONSULTANT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 13 / 2014

**Transaction ID : SA11AI.6344**

Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional).....

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

2500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 115
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**STRICKLAND FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**SUSAN W HICKS**

Mailing Address 21927 MAPLETON CT

City ASHBURN State VA Zip Code 20148

FEC ID number of contributing federal political committee. **C**

Name of Employer THE SUSAN HICKS GROUP Occupation PRINCIPAL

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 07 / 2014

**Transaction ID : SA11AI.6275**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**MICHAEL D HOLLAND**

Mailing Address 6445 LUZON AVE NW APT 503

City WASHINGTON State DC Zip Code 20012

FEC ID number of contributing federal political committee. **C**

Name of Employer MONSANTO Occupation GOVERNMENT AFFAIRS

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 07 / 2014

**Transaction ID : SA11AI.6297**

Amount of Each Receipt this Period  
 201.00

**C.** Full Name (Last, First, Middle Initial)  
**CHARLES HOLMES**

Mailing Address 1324 THE STRAND

City MANHATTAN BEACH State CA Zip Code 90266

FEC ID number of contributing federal political committee. **C**

Name of Employer STRATEGIC MANAGEMENT GROUP Occupation SELF

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 17 / 2014

**Transaction ID : SA11AI.6340**

Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional).....

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

1701.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 115
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**STRICKLAND FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**DAVID HOUSTON**

Mailing Address 99 EAST COLORADO BOULEVARD

City PASADENA State CA Zip Code 91105

FEC ID number of contributing federal political committee. **C**

Name of Employer BARNEY'S BEANERY Occupation OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 07 / 2014

**Transaction ID : SA11AI.6402**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**AUDREY ISRAEL**

Mailing Address 19528 VENTURA BLVD STE 812

City TARZANA State CA Zip Code 91356

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 09 / 2014

**Transaction ID : SA11AI.6397**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**JAMES R JACKOWAY**

Mailing Address 1925 CENTURY PK. E. 22ND FLOOR

City LOS ANGELES State CA Zip Code 90067

FEC ID number of contributing federal political committee. **C**

Name of Employer JACKOWAY TYERMAN WERTHEIMER AUSTE Occupation PARTNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 14 / 2014

**Transaction ID : SA11AI.6803**

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional).....

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

2500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 115
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**STRICKLAND FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**CALVIN JOHNSTON**

Mailing Address 972 VISTA RIDGE LANE

City THOUSAND OAKS State CA Zip Code 91362

FEC ID number of contributing federal political committee. **C**

Name of Employer THE JOHNSTON GROUP Occupation CHAIRMAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 07 / 2014

**Transaction ID : SA11AI.6405**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**DONALD KELLY**

Mailing Address P.O. BOX 460048

City HOUSTON State TX Zip Code 77056

FEC ID number of contributing federal political committee. **C**

Name of Employer KELPETRO Occupation OIL AND GAS OPERATOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 08 / 2014

**Transaction ID : SA11AI.6401**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**JOHN J KILLEEN**

Mailing Address 10512 BRIDEL LANE

City POTOMAC State MD Zip Code 20854

FEC ID number of contributing federal political committee. **C**

Name of Employer SCIENCE APPLICATIONS INTERNATIONAL C Occupation SR. VICE PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 07 / 2014

**Transaction ID : SA11AI.6277**

Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional).....

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

1500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 115
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**STRICKLAND FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**NIKKI LAFFERTY**

Mailing Address 1485 N. DOHENY DRIVE

City WEST HOLLYWOOD State CA Zip Code 90069

FEC ID number of contributing federal political committee. **C**

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 14 / 2014

**Transaction ID : SA11AI.6797**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**NORMAN F LENT III**

Mailing Address 3529 MALVERN CT.

City ALEXANDRIA State VA Zip Code 22304

FEC ID number of contributing federal political committee. **C**

Name of Employer **ARENT FOX** Occupation **GOVERNMENT RELATIONS**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 13 / 2014

**Transaction ID : SA11AI.6457**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**ROBERT J LOWE**

Mailing Address 11777 SAN VINCENTE BLVD  
SUITE 900

City LOS ANGELES State CA Zip Code 90049-6615

FEC ID number of contributing federal political committee. **C**

Name of Employer **LOWE ENTERPRISES** Occupation **CEO**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 13 / 2014

**Transaction ID : SA11AI.6458**

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional).....

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

2250.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 24 OF 115  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**STRICKLAND FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**CLIFF MADISON**

Mailing Address 601 PENNSYLVANIA AVE NW  
APT 906

City State Zip Code  
WASHINGTON DC 20004

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CLIFF MADISON GOVERNMENT RELATIONS PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 05 / 07 / 2014

**Transaction ID : SA11AI.6145**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**DRU MARGOLIS**

Mailing Address 429 SANTA MONICA BLVD.

City State Zip Code  
SANTA MONICA CA 90401

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 14 / 2014

**Transaction ID : SA11AI.6788**

Amount of Each Receipt this Period  
2400.00

**C.** Full Name (Last, First, Middle Initial)  
**DRU MARGOLIS**

Mailing Address 429 SANTA MONICA BLVD.

City State Zip Code  
SANTA MONICA CA 90401

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 14 / 2014

**Transaction ID : SA11AI.6789**

Amount of Each Receipt this Period  
2600.00

**SUBTOTAL** of Receipts This Page (optional).....

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

5500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 115
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>RONALD A MARGOLIS</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 14 / 2014	
Mailing Address 2910 VALMERE DR.		<b>Transaction ID : SA11Al.6791</b>	
City MALIBU	State CA	Zip Code 90265	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2400.00	
Name of Employer COLUMBUS PACIFIC PROPERTIES	Occupation CEO		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2400.00		

Full Name (Last, First, Middle Initial) <b>RONALD A MARGOLIS</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 14 / 2014	
Mailing Address 2910 VALMERE DR.		<b>Transaction ID : SA11Al.6792</b>	
City MALIBU	State CA	Zip Code 90265	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer COLUMBUS PACIFIC PROPERTIES	Occupation CEO		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00		

Full Name (Last, First, Middle Initial) <b>JAMES O MCCRERY III</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 07 / 2014	
Mailing Address 700 13TH ST NW STE 200		<b>Transaction ID : SA11Al.6354</b>	
City WASHINGTON	State DC	Zip Code 20005	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer CAPITAL COUNSEL LLC	Occupation PARTNER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5500.00
<b>TOTAL</b> This Period (last page this line number only).....	5500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 115
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**STRICKLAND FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**RONALD MCDANIEL**

Mailing Address 1686 SAN GABRIEL AVENUE

City State Zip Code  
VENTURA CA 93004

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CALIFORNIA CREDIT UNION CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 28 / 2014

**Transaction ID : SA11AI.6451**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**HARRY MCMAHON**

Mailing Address 732 HAMPDEN PLACE

City State Zip Code  
PACIFIC PALISADES CA 90272

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
BANK OF AMERICA / MERRILL LYNCH INVESTMENT BANKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 04 / 2014

**Transaction ID : SA11AI.6254**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**JOHN MCMANUS**

Mailing Address 2082 GRACE MANOR CT

City State Zip Code  
MCLEAN VA 22101

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
THE MCMANUS GROUP CONSULTANT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 24 / 2014

**Transaction ID : SA11AI.6131**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional).....

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

2500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 115
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**STRICKLAND FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**JAMES H MCNEAL JR.**

Mailing Address 414 W. ELM AVE.

City State Zip Code  
BURBANK CA 91506

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SCHAFFER AMBULANCE SERVICES PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 13 / 2014

**Transaction ID : SA11AI.6462**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**CAROLE MCNEIL**

Mailing Address P.O. BOX 801827

City State Zip Code  
DALLAS TX 75380

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF EMPLOYED REAL ESTATE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 03 / 2014

**Transaction ID : SA11AI.6256**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**DANIEL P MEYER**

Mailing Address 2506 DUXBURY PL.

City State Zip Code  
ALEXANDRIA VA 22308

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
THE DUBERSTEIN GROUP, INC. PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 13 / 2014

**Transaction ID : SA11AI.6464**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional).....

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

2000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 115
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>WILLIAM MORTENSEN</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 28 / 2014	
Mailing Address 559 ALMOLOYA DRIVE		<b>Transaction ID : SA11AI.6119</b>	
City PACIFIC PALISADES	State CA	Zip Code 90272	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) <b>MAJIDA M MOURAD</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 07 / 2014	
Mailing Address 4201 CATHEDRAL AVENUE NW APT. 507W		<b>Transaction ID : SA11AI.6287</b>	
City WASHINGTON	State DC	Zip Code 20016	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer THE ABRAHAM GROUP	Occupation PARTNER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) <b>JEFFREY A NAPPER</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 22 / 2014	
Mailing Address PO BOX 4860		<b>Transaction ID : SA11AI.6329</b>	
City LONG BEACH	State CA	Zip Code 90804	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer LBS FINANCIAL CREDIT UNION	Occupation CEO		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1250.00
<b>TOTAL</b> This Period (last page this line number only).....	1250.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 115
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**STRICKLAND FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**JOHN NELSON**

Mailing Address 32110 AGOURA ROAD

City WESTLAKE VILLAGE State CA Zip Code 91361

FEC ID number of contributing federal political committee. **C**

Name of Employer WARNER PACIFIC Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 08 / 2014

**Transaction ID : SA11AI.6110**

Amount of Each Receipt this Period  
 -1000.00  
 CHARGEBACK

**B.** Full Name (Last, First, Middle Initial)  
**JOHN NELSON**

Mailing Address 32110 AGOURA ROAD

City WESTLAKE VILLAGE State CA Zip Code 91361

FEC ID number of contributing federal political committee. **C**

Name of Employer WARNER PACIFIC Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 14 / 2014

**Transaction ID : SA11AI.6780**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**STEPHEN R O'CONNELL**

Mailing Address 251 COLE RANCH RD

City ENCINITAS State CA Zip Code 92024

FEC ID number of contributing federal political committee. **C**

Name of Employer NORTH ISLAND CREDIT UNION Occupation EXECUTIVE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 07 / 2014

**Transaction ID : SA11AI.6389**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional).....

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

250.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 115
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**STRICKLAND FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**LEO O'HEARN**

Mailing Address 3401 OCEAN DRIVE

City OXNARD State CA Zip Code 93035

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 06 / 2014

**Transaction ID : SA11AI.6111**

Amount of Each Receipt this Period  
 -500.00  
 CHARGEBACK

**B.** Full Name (Last, First, Middle Initial)  
**GEOFF PALMER**

Mailing Address 11740 SAN VICENTE BLVD. #208

City LOS ANGELES State CA Zip Code 90049

FEC ID number of contributing federal political committee. **C**

Name of Employer G.H. PALMER ASSOCIATES Occupation REAL ESTATE DEVELOPER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 14 / 2014

**Transaction ID : SA11AI.6776**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**DAVID M PARKER**

Mailing Address 1230 COLUMBIA STREET, SUITE 1050

City SAN DIEGO State CA Zip Code 92101

FEC ID number of contributing federal political committee. **C**

Name of Employer ANDERSEN HILBERT & PARKER, LLP Occupation ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
480.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 14 / 2014

**Transaction ID : SA11AI.6346**

Amount of Each Receipt this Period  
 480.00

**SUBTOTAL** of Receipts This Page (optional).....

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

980.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 115
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**STRICKLAND FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**DAVID M PARKER**

Mailing Address 1230 COLUMBIA STREET, SUITE 1050

City SAN DIEGO State CA Zip Code 92101

FEC ID number of contributing federal political committee. **C**

Name of Employer ANDERSEN HILBERT & PARKER, LLP Occupation ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **960.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 14 / 2014

**Transaction ID : SA11AI.6347**

Amount of Each Receipt this Period  
**480.00**

**B.** Full Name (Last, First, Middle Initial)  
**CARROL J PARRIS**

Mailing Address 963 W AVE J

City LANCASTER State CA Zip Code 93534

FEC ID number of contributing federal political committee. **C**

Name of Employer THE REX PARRIS LAW FIRM Occupation OFFICE MANAGER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 07 / 2014

**Transaction ID : SA11AI.6308**

Amount of Each Receipt this Period  
**2600.00**

**C.** Full Name (Last, First, Middle Initial)  
**CARROL J PARRIS**

Mailing Address 963 W AVE J

City LANCASTER State CA Zip Code 93534

FEC ID number of contributing federal political committee. **C**

Name of Employer THE REX PARRIS LAW FIRM Occupation OFFICE MANAGER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 07 / 2014

**Transaction ID : SA11AI.6309**

Amount of Each Receipt this Period  
**2400.00**

**SUBTOTAL** of Receipts This Page (optional).....

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

**5480.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 115
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>R REX PARRIS</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 07 / 2014	
Mailing Address 2316 963 W AVE J		<b>Transaction ID : SA11AI.6305</b>	
City LANCASTER	State CA	Zip Code 93534	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer LAW OFFICES OF R REX PARRIS	Occupation ATTORNEY		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

Full Name (Last, First, Middle Initial) <b>R REX PARRIS</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 07 / 2014	
Mailing Address 2316 963 W AVE J		<b>Transaction ID : SA11AI.6306</b>	
City LANCASTER	State CA	Zip Code 93534	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2400.00	
Name of Employer LAW OFFICES OF R REX PARRIS	Occupation ATTORNEY		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00		

Full Name (Last, First, Middle Initial) <b>FRED W PLOTKE</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 13 / 2014	
Mailing Address 1511 18TH STREET		<b>Transaction ID : SA11AI.6470</b>	
City SANTA MONICA	State CA	Zip Code 90404	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer TIME REALTY INVESTMENTS, INC.	Occupation COMMERCIAL/INDUSTRIAL REAL ESTATE		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	6000.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 115
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**STRICKLAND FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**C. DEAN RASMUSSEN**

Mailing Address 2320 SHASTA WAY  
SUITE F

City State Zip Code  
SIMI VALLEY CA 93065

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RASMUSSEN COMPANY, LLC CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 22 / 2014

**Transaction ID : SA11AI.6137**

Amount of Each Receipt this Period  
2600.00

**B.** Full Name (Last, First, Middle Initial)  
**KATHLEEN RASMUSSEN**

Mailing Address 2320 SHASTA WAY  
SUITE F

City State Zip Code  
SIMI VALLEY CA 93065

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 22 / 2014

**Transaction ID : SA11AI.6139**

Amount of Each Receipt this Period  
2600.00

**C.** Full Name (Last, First, Middle Initial)  
**WILLIAM REYNOLDS**

Mailing Address 26008 CHARING CROSS ROAD

City State Zip Code  
VALENCIA CA 91355

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 29 / 2014

**Transaction ID : SA11AI.6449**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional).....

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

5450.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 115
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**STRICKLAND FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**JOHN D SCOFIELD**

Mailing Address 227 C ST SE

City WASHINGTON State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C**

Name of Employer SHOCKEY SCOFIELD SOLUTIONS Occupation PARTNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 05 / 07 / 2014

**Transaction ID : SA11AI.6147**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**JESSE SHARF**

Mailing Address 468 21ST STREET

City SANTA MONICA State CA Zip Code 90402

FEC ID number of contributing federal political committee. **C**

Name of Employer GIBSON DUNN Occupation ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 22 / 2014

**Transaction ID : SA11AI.6259**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**JEFFREY S SHOCKEY**

Mailing Address 10900 PLEASANT HILL DR

City POTOMAC State MD Zip Code 20854

FEC ID number of contributing federal political committee. **C**

Name of Employer SHOCKEY SCOFIELD SOLUTIONS Occupation PARTNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 05 / 07 / 2014

**Transaction ID : SA11AI.6143**

Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional).....

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

1750.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 35 OF 115  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**STRICKLAND FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**WILLIAM E SIMON JR.**

Mailing Address 11100 SANTA MONICA BOULEVARD

City State Zip Code  
LOS ANGELES CA 90025

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
WILLIAM E. SIMON & SONS CO-CHAIRMAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 07 / 2014

**Transaction ID : SA11AI.6392**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**KELLY SMUDDE**

Mailing Address 27540 TOURNEY ROAD  
SUITE 250

City State Zip Code  
VALENICA CA 91355

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
VALENCIA DENTIST DENTIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 02 / 2014

**Transaction ID : SA11AI.6433**

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
**DAVID J STEFKO**

Mailing Address 26885 CANYON END RD.

City State Zip Code  
CANYON COUNTY CA 91387

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
EBERHAND CONTRACTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 14 / 2014

**Transaction ID : SA11AI.6770**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional).....

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

1800.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 115
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**STRICKLAND FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**NICHOLAS STONNINGTON**

Mailing Address 865 ORLANDO ROAD

City SAN MARINO State CA Zip Code 91108

FEC ID number of contributing federal political committee. **C**

Name of Employer STONNINGTON GROUP Occupation PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 02 / 2014

**Transaction ID : SA11AI.6435**

Amount of Each Receipt this Period  
 2600.00

**B.** Full Name (Last, First, Middle Initial)  
**CHUCK STYGAR**

Mailing Address 1665 DEVON ROAD

City PASADENA State CA Zip Code 91103

FEC ID number of contributing federal political committee. **C**

Name of Employer INFINID TECHNOLOGIES Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 22 / 2014

**Transaction ID : SA11AI.6261**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**JEFFREY BLAKE USTIN**

Mailing Address 25093 RIVER WALK

City STEVENSON RANCH State CA Zip Code 91381

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED Occupation BAKERY GOODS

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 07 / 2014

**Transaction ID : SA11AI.6151**

Amount of Each Receipt this Period  
 1000.00

**SUBTOTAL** of Receipts This Page (optional).....

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

4600.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 115
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**STRICKLAND FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**STEVE USTIN**

Mailing Address 3706 MAYFIELD AVE

City TARZANA State CA Zip Code 91358

FEC ID number of contributing federal political committee. **C**

Name of Employer WESTERN BAGEL Occupation OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 07 / 2014

**Transaction ID : SA11AI.6299**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**MILT VALERA**

Mailing Address 5401 LUBAO AVENUE

City WOODLAND HILLS State CA Zip Code 91364

FEC ID number of contributing federal political committee. **C**

Name of Employer NNA SERVICES, INC. Occupation EXECUTIVE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 11 / 2014

**Transaction ID : SA11AI.6394**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**DALE VAN DELLEN**

Mailing Address 1659 LARKFIELD AVE

City WESTLAKE VILLAGE State CA Zip Code 91362

FEC ID number of contributing federal political committee. **C**

Name of Employer ACCOUNT CONTROL TECHNOLOGY HOLDIN Occupation CHAIRMAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 22 / 2014

**Transaction ID : SA11AI.6113**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional).....

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

1250.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 115			
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 11e
	12	13a	13b	14	15

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NAME OF COMMITTEE (In Full)  
**STRICKLAND FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MICHAEL WACLAWSKI**

Mailing Address 6212 WOODLAND LAKE DRIVE

City State Zip Code  
ALEXANDRIA VA 22310

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
BOEING LEGISLATIVE AFFAIRS

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 30 / 2014

**Transaction ID : SA11AI.6443**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**JEFFREY M WALTER**

Mailing Address PO BOX 7061

City State Zip Code  
ALEXANDRIA VA 22307

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
THE WALTER GROUP PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 06 / 2014

**Transaction ID : SA11AI.6161**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**ERIC WEIDER**

Mailing Address 21100 ERWIN ST

City State Zip Code  
WOODLAND HILLS CA 91367

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
WEIDER HEALTH AND FITNESS EXECUTIVE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 22 / 2014

**Transaction ID : SA11AI.6115**

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional).....

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

2000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 115
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**STRICKLAND FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**CHANEL WICKLAND**

Mailing Address 1045 SOUTH GRAMERCY PLACE

City	State	Zip Code
LOS ANGELOS	CA	90019

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
SELF EMPLOYED	ARTIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 06 / 2014

**Transaction ID : SA11AI.6267**

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
**ERIC P WICKLAND**

Mailing Address 1045 SOUTH GRAMERCY PLACE

City	State	Zip Code
LOS ANGELOS	CA	90019

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
SELF EMPLOYED	URBAN DESIGNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 06 / 2014

**Transaction ID : SA11AI.6269**

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
**DARREN WILLCOX**

Mailing Address 9696 MILL RIDGE LANE

City	State	Zip Code
GREAT FALLS	VA	22066

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
W STRATEGIES	CONSULTANT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2014

**Transaction ID : SA11AI.6445**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional).....

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

1500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 115
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**STRICKLAND FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**RICHARD L WIRTHLIN**

Mailing Address 26408 MACMILLAN RANCH RD.

City State Zip Code  
CANYON COUNTRY CA 91387

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RLW CONSULTING LLC PRINCIPAL

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 14 / 2014

**Transaction ID : SA11AI.6767**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**CAROLYN ANN WRIGHT**

Mailing Address 5331 ANNAPOLIS CT.

City State Zip Code  
VENTURA CA 93003

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 13 / 2014

**Transaction ID : SA11AI.6476**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**ROBERT ZARNEGIN**

Mailing Address 421 NORTH BEVERLY DR  
#350

City State Zip Code  
BEVERLY HILLS CA 90210

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
HILLCREST INTERNATIONAL REAL ESTATE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 07 / 2014

**Transaction ID : SA11AI.6303**

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional).....

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

1500.00

100051.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 41 OF 115  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**STRICKLAND FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
AMERICAN FUELS AND PETROCHEMICAL MANUFACTURERS ASSOCIATION POLITICAL ACTION COMMITTEE (AFP)

Mailing Address 1667 K STREET NW  
SUITE 700

City WASHINGTON State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00415026

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 07 / 2014

**Transaction ID : SA11C.6286**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
AMERICAN PHYSICAL THERAPY ASSOCIATION PHYSICAL THERAPY POLITICAL ACTION COMMITTEE (PT-PAC)

Mailing Address 1111 NORTH FAIRFAX ST.

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00012880

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 13 / 2014

**Transaction ID : SA11C.6460**

Amount of Each Receipt this Period  
 2500.00

**C.** Full Name (Last, First, Middle Initial)  
**CALIFORNIA DAIRIES FEDERAL POLITICAL ACTION COMMITTEE**

Mailing Address 475 SOUTH TEGNER

City TURLOCK State CA Zip Code 95380

FEC ID number of contributing federal political committee. **C** C00349746

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 14 / 2014

**Transaction ID : SA11C.6838**

Amount of Each Receipt this Period  
 2500.00

**SUBTOTAL** of Receipts This Page (optional).....

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

6000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 115
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**STRICKLAND FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**CULAC THE PAC OF CREDIT UNION NATIONAL ASSOCIATION**

Mailing Address 601 PENNSYLVANIA AVENUE, NW  
SOUTH BUILDING, SUITE 600

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C C00007880**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 07 / 2014

**Transaction ID : SA11C.6149**

Amount of Each Receipt this Period  
 5000.00

**B.** Full Name (Last, First, Middle Initial)  
**DELOITTE POLITICAL ACTION COMMITTEE**

Mailing Address P.O. BOX 365

City WASHINGTON State DC Zip Code 20044

FEC ID number of contributing federal political committee. **C C00211318**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 07 / 2014

**Transaction ID : SA11C.6279**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**DENTONS US LLP PAC**

Mailing Address 1301 K STREET NW  
SUITE 600 EAST TOWER

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00216127**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 22 / 2014

**Transaction ID : SA11C.6333**

Amount of Each Receipt this Period  
 1000.00

**SUBTOTAL** of Receipts This Page (optional).....

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

7000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 115
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**STRICKLAND FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**ENTERPRISE HOLDINGS, INC. POLITICAL ACTION COMMITTEE**

Mailing Address 600 CORPORATE PARK DRIVE

City ST. LOUIS State MO Zip Code 63105

FEC ID number of contributing federal political committee. **C** C00219642

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 22 / 2014

**Transaction ID : SA11C.6334**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**FEDEXPAC FEDERAL EXPRESS POLITICAL ACTION COMMITTEE**

Mailing Address 942 SOUTH SHADY GROVE ROAD

City MEMPHIS State TN Zip Code 38120

FEC ID number of contributing federal political committee. **C** C00068692

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 06 / 2014

**Transaction ID : SA11C.6203**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**FUND FOR AMERICAN OPPORTUNITY**

Mailing Address PO BOX 65796

City WASHINGTON State DC Zip Code 20035

FEC ID number of contributing federal political committee. **C** C00336297

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 07 / 2014

**Transaction ID : SA11C.6291**

Amount of Each Receipt this Period  
 1000.00

**SUBTOTAL** of Receipts This Page (optional).....

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

2500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 115
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**STRICKLAND FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**GENERAL ATOMICS POLITICAL ACTION COMMITTEE**

Mailing Address P.O. BOX 85608

City SAN DIEGO State CA Zip Code 92186

FEC ID number of contributing federal political committee. **C** C00215285

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 06 / 2014

**Transaction ID : SA11C.6165**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**HEALTH NET, INCORPORATED POLITICAL ACTION COMMITTEE**

Mailing Address 455 CAPITOL MALL, SUITE 600

City SACRAMENTO State CA Zip Code 95814

FEC ID number of contributing federal political committee. **C** C00230789

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 13 / 2014

**Transaction ID : SA11C.6236**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**HUMANE SOCIETY LEGISLATIVE FUND POLITICAL ACTION COMMITTEE**

Mailing Address 2100 L STREET, NW  
SUITE 310

City WASHINGTON State DC Zip Code 20037

FEC ID number of contributing federal political committee. **C** C00466813

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 07 / 2014

**Transaction ID : SA11C.6280**

Amount of Each Receipt this Period  
 2500.00

**SUBTOTAL** of Receipts This Page (optional).....

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

4500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 115
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**STRICKLAND FOR CONGRESS**

**A. Full Name (Last, First, Middle Initial)**  
**INTERNATIONAL PAPER POLITICAL ACTION COMMITTEE (IP-PAC)**

Mailing Address 1101 PENNSYLVANIA AVENUE NW  
SUITE 200

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00034405

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 13 / 2014

**Transaction ID : SA11C.6232**

Amount of Each Receipt this Period  
 1000.00

**B. Full Name (Last, First, Middle Initial)**  
**JOHNSON & JOHNSON POLITICAL ACTION COMMITTEE**

Mailing Address ONE JOHNSON & JOHNSON PLAZA

City NEW BRUNSWICK State NJ Zip Code 08933

FEC ID number of contributing federal political committee. **C** C00010983

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 07 / 2014

**Transaction ID : SA11C.6352**

Amount of Each Receipt this Period  
 1000.00

**C. Full Name (Last, First, Middle Initial)**  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

Mailing Address 1212 NEW YORK AVE NW  
SUITE 1100

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00283135

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 14 / 2014

**Transaction ID : SA11C.6778**

Amount of Each Receipt this Period  
 1000.00

**SUBTOTAL** of Receipts This Page (optional).....

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

3000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 115
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
NATIONAL ASSOCIATION OF INSURANCE AND FINANCIAL ADVISORS POLITICAL ACTION COMM

A. Mailing Address 2901 TELESTAR CT.

City State Zip Code  
FALLS CHURCH VA 22042

FEC ID number of contributing federal political committee. **C** C00005249

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 22 / 2014

Transaction ID : SA11C.6325

Amount of Each Receipt this Period  
 1000.00

B. Full Name (Last, First, Middle Initial)  
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION - PAC

Mailing Address 100 DAINGERFIELD ROAD

City State Zip Code  
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C** C00030809

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 14 / 2014

Transaction ID : SA11C.6837

Amount of Each Receipt this Period  
 1500.00

C. Full Name (Last, First, Middle Initial)  
NOSSAMAN LLP POLITICAL ACTION COMMITTEE (NOSSAMAN PAC)

Mailing Address 1666 K STREET, NW  
SUITE 500

City State Zip Code  
WASHINGTON DC 20006

FEC ID number of contributing federal political committee. **C** C00473652

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 07 / 2014

Transaction ID : SA11C.6293

Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3000.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 115
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**STRICKLAND FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**PG&E CORPORATION EMPLOYEES ENERGYPAC**

Mailing Address 77 BEALE STREET, MAIL CODE: B29H

City State Zip Code  
SAN FRANCISCO CA 94105

FEC ID number of contributing federal political committee. **C C00177469**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 13 / 2014

**Transaction ID : SA11C.6238**

Amount of Each Receipt this Period  
1500.00

**B.** Full Name (Last, First, Middle Initial)  
**PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC)**

Mailing Address 601 PENNSYLVANIA AVENUE NW STE 740

City State Zip Code  
WASHINGTON DC 20004

FEC ID number of contributing federal political committee. **C C00388819**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 07 / 2014

**Transaction ID : SA11C.6141**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**ROAD TO FREEDOM POLITICAL ACTION COMMITTEE**

Mailing Address 228 S WASHINGTON ST STE 115

City State Zip Code  
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C C00486043**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 22 / 2014

**Transaction ID : SA11C.6331**

Amount of Each Receipt this Period  
2500.00

**SUBTOTAL** of Receipts This Page (optional).....

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

4250.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 115
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**STRICKLAND FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**SCHOOLSFIRST FEDERAL CREDIT UNION EMPLOYEES FEDERAL PAC**

Mailing Address 3699 WILSHIRE BLVD., #1290

City LOS ANGELES State CA Zip Code 90010

FEC ID number of contributing federal political committee. **C** C00390633

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 13 / 2014

**Transaction ID : SA11C.6474**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**TESORO PETROLEUM CORPORATION POLITICAL ACTION COMMITTEE**

Mailing Address 19100 RIDGEWOOD PARKWAY

City SAN ANTONIO State TX Zip Code 78259

FEC ID number of contributing federal political committee. **C** C00358366

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 07 / 2014

**Transaction ID : SA11C.6289**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**THERMO FISHER SCIENTIFIC INC. PAC**

Mailing Address 81 WYMAN STREET  
PO BOX 9046

City WALTHAM State MA Zip Code 02454

FEC ID number of contributing federal political committee. **C** C00292318

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 06 / 2014

**Transaction ID : SA11C.6273**

Amount of Each Receipt this Period  
 1000.00

**SUBTOTAL** of Receipts This Page (optional).....

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

3000.00

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)		PAGE 49 OF 115		
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**STRICKLAND FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
VERIZON COMMUNICATIONS INC. GOOD GOVERNMENT CLUB (VERIZON PAC)

Mailing Address 1300 I ST NW, STE 400 WEST  
ATTN: TAYLOR CRAIG

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00186288

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 07 / 2014

**Transaction ID : SA11C.6356**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

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

1000.00

34250.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 115
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**STRICKLAND FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**SAVE PROPOSITION 13**

Mailing Address 5405 ALTON PARKWAY STE. 5A-369

City IRVINE State CA Zip Code 92604

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 14 / 2014

**Transaction ID : SA14.6840**

Amount of Each Receipt this Period  
 5700.00

REFUND: PRINT ADVERTISING

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

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

5700.00

5700.00

**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 51 OF 115			
	<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)  
**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. 7-ELEVEN</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2014
Mailing Address 23406 LYONS AVE.		Amount of Each Disbursement this Period 5.43
City NEWHALL	State CA	
Purpose of Disbursement MEETING EXPENSE: MEALS (MURPHY SB17.6554)		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>B. 7-ELEVEN</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 255 CARMEN DRIVE		Amount of Each Disbursement this Period 50.00
City CARMEN	State CA	
Purpose of Disbursement TRAVEL: FUEL (WANGSAPORN SB17.6480)		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>C. 76</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 4 W. FOOTHILL BLVD.		Amount of Each Disbursement this Period 69.64
City ARCADIA	State CA	
Purpose of Disbursement TRAVEL: FUEL (WANGSAPORN SB17.6480)		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

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

**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 52 OF 115	
	<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)  
**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. 76</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 1022 W. AVE. P		Amount of Each Disbursement this Period 60.00
City PALMDALE State CA Zip Code 93550	Purpose of Disbursement TRAVEL: FUEL (WANGSAPORN SB17.6480)	
Candidate Name	Category/Type	Transaction ID : SB17.6614 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. ASB PROPERTY MANAGEMENT</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address PO BOX 1818		Amount of Each Disbursement this Period 500.00
City MONROVIA State CA Zip Code 91017	Purpose of Disbursement RENT	
Candidate Name	Category/Type	Transaction ID : SB17.6515
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. ATLANTIC CASUALTY INSURANCE COMPANY</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 8601 N. SCOTTSDALE RD., SUITE 315		Amount of Each Disbursement this Period 423.05
City SCOTTSDALE State AZ Zip Code 85258	Purpose of Disbursement INSURANCE (WANGSAPORN SB17.6483)	
Candidate Name	Category/Type	Transaction ID : SB17.6756 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	500.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 53 OF 115	
	<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)  
**STRICKLAND FOR CONGRESS**

**A. BELLINI OSTERIA BAR & LOUNGE**

Full Name (Last, First, Middle Initial)  
Mailing Address 951 WESTLAKE BLVD.

City WESTLAKE State CA Zip Code 91361

Purpose of Disbursement MEETING EXPENSE: MEALS (WANGSAPORN SB17.6481)

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 05 / 08 / 2014

Amount of Each Disbursement this Period: 157.69

Transaction ID : SB17.6676

[MEMO ITEM]

**B. BEST BUY**

Full Name (Last, First, Middle Initial)  
Mailing Address 3415 E. FOOTHILL BLVD.

City PASADENA State CA Zip Code 91107

Purpose of Disbursement OFFICE SUPPLIES (WANGSAPORN SB17.6482)

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 05 / 08 / 2014

Amount of Each Disbursement this Period: 38.12

Transaction ID : SB17.6740

[MEMO ITEM]

**C. BIRDIES**

Full Name (Last, First, Middle Initial)  
Mailing Address 41520 10TH ST.

City W. PALMDALE State CA Zip Code 93551

Purpose of Disbursement MEETING EXPENSE: MEALS (WANGSAPORN SB17.6480)

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 05 / 08 / 2014

Amount of Each Disbursement this Period: 40.50

Transaction ID : SB17.6595

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) ..... 0.00

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

**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 54 OF 115			
	<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)  
**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. BLACK ANGUS STEAKHOUSE</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 3601 ROSEDALE HWY		Amount of Each Disbursement this Period 17.81
City BAKERSFIELD State CA Zip Code 93308	Purpose of Disbursement MEETING EXPENSE: MEALS (WANGSAPORN SB17.6481)	
Candidate Name		Transaction ID : SB17.6693
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B. BLACK ANGUS STEAKHOUSE</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 3601 ROSEDALE HWY		Amount of Each Disbursement this Period 91.06
City BAKERSFIELD State CA Zip Code 93308	Purpose of Disbursement MEETING EXPENSE: MEALS (WANGSAPORN SB17.6481)	
Candidate Name		Transaction ID : SB17.6696
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>C. BOTTEGA LOUIE</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 700 S. GRAND		Amount of Each Disbursement this Period 349.94
City LOS ANGELES State CA Zip Code 90017	Purpose of Disbursement MEETING EXPENSE: CATERING (WANGSAPORN SB17.6482)	
Candidate Name		Transaction ID : SB17.6736
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	[MEMO ITEM]

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

**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 55 OF 115			
	<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)  
**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. BUCA DI BEPPO</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 205 N. MOORPARK RD.		Amount of Each Disbursement this Period 317.83
City THOUSAND OAKS State CA Zip Code 91360	Purpose of Disbursement MEETING EXPENSE: MEALS (WANGSAPORN SB17.6481)	
Candidate Name	Category/Type	Transaction ID : SB17.6716 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. RYAN CANESTRO</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 3063 DITCH ROAD		Amount of Each Disbursement this Period 40.00
City SIMI VALLEY State CA Zip Code 93065	Purpose of Disbursement AUDIO RECORDING (WANGSAPORN SB17.6482)	
Candidate Name	Category/Type	Transaction ID : SB17.6748 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. CAPITOL HILL SUITES</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 200 C ST. SE		Amount of Each Disbursement this Period 807.79
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement TRAVEL: LODGING (WANGSAPORN SB17.6481)	
Candidate Name	Category/Type	Transaction ID : SB17.6706 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" 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).....	

**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 56 OF 115			
	<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)  
**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. CHAIN BRIDGE BANK</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 1445-A LAUGHLIN AVENUE			Amount of Each Disbursement this Period 15.00 <b>Transaction ID : SB17.6549</b>
City MCLEAN	State VA	Zip Code 22101	
Purpose of Disbursement BANK FEES		Category/ Type	
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		

Full Name (Last, First, Middle Initial) <b>B. CHEVRON</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 24137 LYONS AVE.			Amount of Each Disbursement this Period 50.00 <b>Transaction ID : SB17.6607</b>
City NEWHALL	State CA	Zip Code 91321	
Purpose of Disbursement TRAVEL: FUEL (WANGSAPORN SB17.6480)		Category/ Type	
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		

Full Name (Last, First, Middle Initial) <b>C. CHEVRON</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 24137 LYONS AVE.			Amount of Each Disbursement this Period 55.87 <b>Transaction ID : SB17.6670</b>
City NEWHALL	State CA	Zip Code 91321	
Purpose of Disbursement TRAVEL: FUEL (WANGSAPORN SB17.6481)		Category/ Type	
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	15.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 57 OF 115			
	<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)  
**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. CHEVRON</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 27549 THE OLD ROAD		Amount of Each Disbursement this Period 00.00
City VALENCIA State CA Zip Code 91355	Purpose of Disbursement TRAVEL: FUEL (WANGSAPORN SB17.6481)	
Candidate Name	Category/Type	<b>Transaction ID : SB17.6691</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CHEVRON</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 27549 THE OLD ROAD		Amount of Each Disbursement this Period 64.79
City VALENCIA State CA Zip Code 91355	Purpose of Disbursement TRAVEL: FUEL (WANGSAPORN SB17.6481)	
Candidate Name	Category/Type	<b>Transaction ID : SB17.6699</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. CHEVRON</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 27549 THE OLD ROAD		Amount of Each Disbursement this Period 50.00
City VALENCIA State CA Zip Code 91355	Purpose of Disbursement TRAVEL: FUEL (WANGSAPORN SB17.6482)	
Candidate Name	Category/Type	<b>Transaction ID : SB17.6724</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b>
State: District:		

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

**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 58 OF 115			
	<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)  
**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. CHEVRON</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 14089 FOOTHILL BLVD.		Amount of Each Disbursement this Period 61.16
City SYLMAR State CA Zip Code 91342	Category/Type	
Purpose of Disbursement TRAVEL: FUEL (WANGSAPORN SB17.6482)		Transaction ID : SB17.6750
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CHILDREN'S CENTER OF THE ANTELOPE VALLEY</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 45111 FERN AVE.		Amount of Each Disbursement this Period 125.00
City LANCASTER State CA Zip Code 93534	Category/Type	
Purpose of Disbursement EVENT REGISTRATION FEE (WANGSAPORN SB17.6481)		Transaction ID : SB17.6689
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. CHILI'S GRILL &amp; BAR</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 43510 10TH ST. W.		Amount of Each Disbursement this Period 52.87
City LANCASTER State CA Zip Code 93534	Category/Type	
Purpose of Disbursement MEETING EXPENSE: MEALS (WANGSAPORN SB17.6480)		Transaction ID : SB17.6616
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

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

**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 59 OF 115			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. CHILI'S GRILL &amp; BAR</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 25 W. COCHRAN		Amount of Each Disbursement this Period ..... 169.89
City SIMI VALLEY	State CA	
Zip Code 93065	Purpose of Disbursement MEETING EXPENSE: MEALS (WANGSAPORN SB17.6480)	Transaction ID : SB17.6654
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CHILI'S GRILL &amp; BAR</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 25970 THE OLD RD.		Amount of Each Disbursement this Period ..... 96.65
City SANTA CLARITA	State CA	
Zip Code 91381	Purpose of Disbursement MEETING EXPENSE: MEALS (WANGSAPORN SB17.6482)	Transaction ID : SB17.6734
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. CHO CHO SAN</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 400 E. THOUSAND OAKS BLVD.		Amount of Each Disbursement this Period ..... 60.22
City THOUSAND OAKS	State CA	
Zip Code 91380	Purpose of Disbursement MEETING EXPENSE: MEALS (WANGSAPORN SB17.6480)	Transaction ID : SB17.6626
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

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

**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 60 OF 115			
	<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)  
**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. CLAIM JUMPER</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 25740 THE OLD ROAD		Amount of Each Disbursement this Period 81.42
City VALENCIA State CA Zip Code 91831	Purpose of Disbursement MEETING EXPENSE: MEALS (WANGSAPORN SB17.6480)	
Candidate Name		Transaction ID : SB17.6611 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. CLAIM JUMPER</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 25740 THE OLD ROAD		Amount of Each Disbursement this Period 25.81
City VALENCIA State CA Zip Code 91831	Purpose of Disbursement MEETING EXPENSE: MEALS (WANGSAPORN SB17.6482)	
Candidate Name		Transaction ID : SB17.6732 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. COCO'S</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 24930 PICO CANYON RD.		Amount of Each Disbursement this Period 31.32
City NEWHALL State CA Zip Code 91381	Purpose of Disbursement MEETING EXPENSE: MEALS (WANGSAPORN SB17.6482)	
Candidate Name		Transaction ID : SB17.6743 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

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

**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 61 OF 115			
	<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)  
**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. COMMAND PERFORMANCE CATERING GROUP</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2014
Mailing Address 4273 COMMERCE AVE. UNIT 6			Amount of Each Disbursement this Period 2289.84
City MOORPARK	State CA	Zip Code 93021	
Purpose of Disbursement CATERING SERVICES (WANGSAPORN SB17.6479)		Category/ Type	<b>Transaction ID : SB17.6589</b>  <b>[MEMO ITEM]</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>B. CONEJO VALLEY REPUBLICAN WOMEN FEDERATED</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address PO BOX 7151			Amount of Each Disbursement this Period 50.00
City THOUSAND OAKS	State CA	Zip Code 91359	
Purpose of Disbursement EVENT REGISTRATION FEE (WANGSAPORN SB17.6481)		Category/ Type	<b>Transaction ID : SB17.6666</b>  <b>[MEMO ITEM]</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>C. CONTEMPORARY CATERING</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2014
Mailing Address 16900 BURBANK BLVD.			Amount of Each Disbursement this Period 3652.38
City ENCINO	State CA	Zip Code 91316	
Purpose of Disbursement CATERING SERVICES (WANGSAPORN SB17.6479)		Category/ Type	<b>Transaction ID : SB17.6585</b>  <b>[MEMO ITEM]</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" 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).....	

**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 62 OF 115			
	<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)  
**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. CONTINUING THE REPUBLICAN REVOLUTION</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2014
Mailing Address 1300 BRISTOL STREET NORTH, SUITE 1			Amount of Each Disbursement this Period 5100.00 <b>Transaction ID : SB17.6489</b>
City NEWPORT BEACH	State CA	Zip Code 92660	
Purpose of Disbursement DIRECT MAIL: PRINTING & POSTAGE		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. COPS VOTER GUIDE</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2014
Mailing Address 705-2 E. BIDWELL STREET #370			Amount of Each Disbursement this Period 4972.00 <b>Transaction ID : SB17.6491</b>
City FOLSOM	State CA	Zip Code 95630	
Purpose of Disbursement DIRECT MAIL: PRINTING & POSTAGE		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. DMH MEYER, INC</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 1560-1 NEWBURY ROAD			Amount of Each Disbursement this Period 35848.53 <b>Transaction ID : SB17.6546</b>
City NEWBURY PARK	State CA	Zip Code 91320	
Purpose of Disbursement DIRECT MAIL: PRINTING & POSTAGE		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	45920.53
<b>TOTAL</b> This Period (last page this line number only).....	

**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 63 OF 115			
	<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)  
**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. DROPBOX</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 185 BERRY ST.		Amount of Each Disbursement this Period 99.00
City SAN FRANCISCO	State CA	
Zip Code 94107	Purpose of Disbursement SUBSCRIPTION (WANGSAPORN SB17.6482)	Transaction ID : <b>SB17.6746</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. DUARTE UNIVERSAL INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 2249 W. HUNTINGTON		Amount of Each Disbursement this Period 68.59
City DUARTE	State CA	
Zip Code 91010	Purpose of Disbursement TRAVEL: FUEL (WANGSAPORN SB17.6480)	Transaction ID : <b>SB17.6603</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. EGGS "N" THINGS</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 2955 COCHRAN ST.		Amount of Each Disbursement this Period 26.07
City SIMI VALLEY	State CA	
Zip Code 93065	Purpose of Disbursement MEETING EXPENSE: MEALS (WANGSAPORN SB17.6480)	Transaction ID : <b>SB17.6632</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

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

**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 64 OF 115			
	<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)  
**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. EGGS "N" THINGS</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 2955 COCHRAN ST.		Amount of Each Disbursement this Period 29.21
City SIMI VALLEY	State CA	
Purpose of Disbursement MEETING EXPENSE: MEALS (WANGSAPORN SB17.6482)		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. ENGINE CO.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 644 S. FIGUEROA STREET		Amount of Each Disbursement this Period 61.77
City LOS ANGELES	State CA	
Purpose of Disbursement MEETING EXPENSE: MEALS (WANGSAPORN SB17.6480)		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. FEDEX</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2014
Mailing Address 24949 W. PICO CANYON ROAD		Amount of Each Disbursement this Period 18.52
City STEPHENSON RANCH	State CA	
Purpose of Disbursement OFFICE SUPPLIES (MOORE SB17.6478)		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" 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).....	

**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 65 OF 115			
	<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)  
**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. FEDEX</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2014
Mailing Address 24949 W. PICO CANYON ROAD		Amount of Each Disbursement this Period 89.45
City STEPHENSON RANCH	State CA	
Zip Code 91381	Purpose of Disbursement PRINTING EXPENSE (MOORE SB17.6478)	Transaction ID : SB17.6582
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. FEDEX</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2014
Mailing Address 24949 W. PICO CANYON ROAD		Amount of Each Disbursement this Period 23.01
City STEPHENSON RANCH	State CA	
Zip Code 91381	Purpose of Disbursement PRINTING EXPENSE (MOORE SB17.6478)	Transaction ID : SB17.6583
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. FEDEX</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 942 S. SHADY GROVE RD.		Amount of Each Disbursement this Period 18.98
City MEMPHIS	State TN	
Zip Code 38119	Purpose of Disbursement DELIVERY (WANGSAPORN SB17.6480)	Transaction ID : SB17.6600
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

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

**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 66 OF 115			
	<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)  
**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. FEDEX</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 942 S. SHADY GROVE RD.		Amount of Each Disbursement this Period 18.98
City MEMPHIS State TN Zip Code 38119	Purpose of Disbursement DELIVERY (WANGSAPORN SB17.6480)	
Candidate Name	Category/Type	Transaction ID : SB17.6604
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		<b>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>B. FEDEX</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 942 S. SHADY GROVE RD.		Amount of Each Disbursement this Period 18.98
City MEMPHIS State TN Zip Code 38119	Purpose of Disbursement DELIVERY (WANGSAPORN SB17.6480)	
Candidate Name	Category/Type	Transaction ID : SB17.6617
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		<b>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>C. FEDEX</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 942 S. SHADY GROVE RD.		Amount of Each Disbursement this Period 18.98
City MEMPHIS State TN Zip Code 38119	Purpose of Disbursement DELIVERY (WANGSAPORN SB17.6480)	
Candidate Name	Category/Type	Transaction ID : SB17.6641
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		<b>[MEMO ITEM]</b>

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

**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 67 OF 115			
	<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)  
**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. FEDEX</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 942 S. SHADY GROVE RD.		Amount of Each Disbursement this Period 83.83
City MEMPHIS State TN Zip Code 38119	Purpose of Disbursement DELIVERY (WANGSAPORN SB17.6480)	
Candidate Name	Category/Type	Transaction ID : SB17.6648 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. FEDEX</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 942 S. SHADY GROVE RD.		Amount of Each Disbursement this Period 18.98
City MEMPHIS State TN Zip Code 38119	Purpose of Disbursement DELIVERY (WANGSAPORN SB17.6481)	
Candidate Name	Category/Type	Transaction ID : SB17.6669 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. FEDEX</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 942 S. SHADY GROVE RD.		Amount of Each Disbursement this Period 18.98
City MEMPHIS State TN Zip Code 38119	Purpose of Disbursement DELIVERY (WANGSAPORN SB17.6481)	
Candidate Name	Category/Type	Transaction ID : SB17.6678 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" 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).....	

**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 68 OF 115			
	<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)  
**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. FEDEX</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 942 S. SHADY GROVE RD.		Amount of Each Disbursement this Period 18.98
City MEMPHIS State TN Zip Code 38119	Purpose of Disbursement DELIVERY (WANGSAPORN SB17.6481)	
Candidate Name		Transaction ID : SB17.6684
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B. FEDEX</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 942 S. SHADY GROVE RD.		Amount of Each Disbursement this Period 18.98
City MEMPHIS State TN Zip Code 38119	Purpose of Disbursement DELIVERY (WANGSAPORN SB17.6481)	
Candidate Name		Transaction ID : SB17.6695
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>C. FEDEX</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 942 S. SHADY GROVE RD.		Amount of Each Disbursement this Period 18.80
City MEMPHIS State TN Zip Code 38119	Purpose of Disbursement DELIVERY (WANGSAPORN SB17.6481)	
Candidate Name		Transaction ID : SB17.6710
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	[MEMO ITEM]

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

**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 69 OF 115			
	<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)  
**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. FOLEY ESTATES VINEYARD &amp; WINERY</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2014
Mailing Address 6121 E. HWY 246		Amount of Each Disbursement this Period 494.72
City LOMPOC State CA Zip Code 93436	Purpose of Disbursement CATERING SERVICES (WANGSAPORN SB17.6479)	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.6587  [MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. SIMEON GROSSE</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address 22924 LYONS AVE. STE 104		Amount of Each Disbursement this Period 250.00
City NEWHALL State CA Zip Code 91321	Purpose of Disbursement FIELD CONSULTING	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.6538
State: District:		

Full Name (Last, First, Middle Initial) <b>C. GS STRATEGY GROUP</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2014
Mailing Address 350 N. 9TH STREET, SUITE 550		Amount of Each Disbursement this Period 21000.00
City BOISE State ID Zip Code 83702	Purpose of Disbursement POLLING EXPENSE	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.6496
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	21250.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 70 OF 115	
	<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)  
**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. HAMMOND &amp; ASSOCIATES</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2014
Mailing Address PO BOX 368		Amount of Each Disbursement this Period 1625.00 <b>Transaction ID : SB17.6501</b>
City FALLS CHURCH	State VA	
Zip Code 22040	Purpose of Disbursement FUNDRAISING CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. HAMMOND &amp; ASSOCIATES</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2014
Mailing Address PO BOX 368		Amount of Each Disbursement this Period 1625.00 <b>Transaction ID : SB17.6516</b>
City FALLS CHURCH	State VA	
Zip Code 22040	Purpose of Disbursement FUNDRAISING CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. HAMMOND &amp; ASSOCIATES</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address PO BOX 368		Amount of Each Disbursement this Period 1291.90 <b>Transaction ID : SB17.6534</b>
City FALLS CHURCH	State VA	
Zip Code 22040	Purpose of Disbursement FUNDRAISING CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4541.90
<b>TOTAL</b> This Period (last page this line number only).....	

**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 71 OF 115			
	<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)  
**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. EVAN HANDY</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2014
Mailing Address 19839 DRASIN DRIVE		Amount of Each Disbursement this Period 4000.00 <b>Transaction ID : SB17.6492</b>
City CANYON COUNTRY State CA Zip Code 91351	Purpose of Disbursement STRATEGY CONSULTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. EVAN HANDY</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2014
Mailing Address 19839 DRASIN DRIVE		Amount of Each Disbursement this Period 427.73 <b>Transaction ID : SB17.6553</b>
City CANYON COUNTRY State CA Zip Code 91351	Purpose of Disbursement REIMBURSEMENT: SEE MEMO	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. EVAN HANDY</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address 19839 DRASIN DRIVE		Amount of Each Disbursement this Period 4000.00 <b>Transaction ID : SB17.6533</b>
City CANYON COUNTRY State CA Zip Code 91351	Purpose of Disbursement STRATEGY CONSULTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8427.73
<b>TOTAL</b> This Period (last page this line number only).....	

**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 72 OF 115			
	<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)  
**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. HITCH!</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 1133 15TH ST.NW		Amount of Each Disbursement this Period 13.18
City WASHINGTON State DC Zip Code 20005	Purpose of Disbursement TRAVEL: TAXI (WANGSAPORN SB17.6481)	
Candidate Name	Category/Type	Transaction ID : SB17.6709 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. HITCH!</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 1133 15TH ST.NW		Amount of Each Disbursement this Period 12.20
City WASHINGTON State DC Zip Code 20005	Purpose of Disbursement TRAVEL: TAXI (WANGSAPORN SB17.6481)	
Candidate Name	Category/Type	Transaction ID : SB17.6711 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. ED HOVHANNISSIAN</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address 22924 LYONS AVE. STE 104		Amount of Each Disbursement this Period 500.00
City NEWHALL State CA Zip Code 91321	Purpose of Disbursement FIELD CONSULTING	
Candidate Name	Category/Type	Transaction ID : SB17.6532
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	500.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 73 OF 115		
	<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)  
**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. JAMESTOWN ASSOCIATES</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2014
Mailing Address 5 MAPLETON ROAD, SUITE 300		Amount of Each Disbursement this Period 38737.20 <b>Transaction ID : SB17.6507</b>
City PRINSTON State NJ Zip Code 08540	Purpose of Disbursement PLACED MEDIA Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. JAMESTOWN ASSOCIATES</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2014
Mailing Address 5 MAPLETON ROAD, SUITE 300		Amount of Each Disbursement this Period 22561.49 <b>Transaction ID : SB17.6521</b>
City PRINSTON State NJ Zip Code 08540	Purpose of Disbursement PLACED MEDIA Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. JAMESTOWN ASSOCIATES</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address 5 MAPLETON ROAD, SUITE 300		Amount of Each Disbursement this Period 1905.07 <b>Transaction ID : SB17.6528</b>
City PRINSTON State NJ Zip Code 08540	Purpose of Disbursement PLACED MEDIA Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	63203.76
<b>TOTAL</b> This Period (last page this line number only).....	

**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 74 OF 115		
	<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)  
**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. JAMESTOWN ASSOCIATES</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 5 MAPLETON ROAD, SUITE 300		Amount of Each Disbursement this Period 11261.86
City PRINSTON State NJ Zip Code 08540	Purpose of Disbursement PLACED MEDIA	
Candidate Name	Category/Type	Transaction ID : SB17.6550
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. KINETIC BREWING</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 735 W. LANCASTER BLVD.		Amount of Each Disbursement this Period 37.00
City LANCASTER State CA Zip Code 93534	Purpose of Disbursement MEETING EXPENSE: MEALS (WANGSAPORN SB17.6481)	
Candidate Name	Category/Type	Transaction ID : SB17.6703 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. LANDSLIDE COMMUNICATIONS, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 30011 IVY GLENN DRIVE, SUITE 223		Amount of Each Disbursement this Period 11400.00
City LAGUNA NIGUEL State CA Zip Code 92677	Purpose of Disbursement DIRECT MAIL: PRINTING & POSTAGE	
Candidate Name	Category/Type	Transaction ID : SB17.6484
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	22661.86
<b>TOTAL</b> This Period (last page this line number only).....	

**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 75 OF 115			
	<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)  
**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. LAX PARK PLACE</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 11333 LA CIENEGA BLVD.			Amount of Each Disbursement this Period 43.77
City LOS ANGELES	State CA	Zip Code 90045	
Purpose of Disbursement TRAVEL: PARKING (WANGSAPORN SB17.6481)		Category/ Type	<b>Transaction ID : SB17.6698</b>  <b>[MEMO ITEM]</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>B. LITTLE CEASARS</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2014
Mailing Address 23550 LYONS AVE,			Amount of Each Disbursement this Period 16.35
City NEWHALL	State CA	Zip Code 91321	
Purpose of Disbursement MEETING EXPENSE: MEALS (MURPHY SB17.6554)		Category/ Type	<b>Transaction ID : SB17.6563</b>  <b>[MEMO ITEM]</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>C. LITTLE CEASARS</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2014
Mailing Address 23550 LYONS AVE,			Amount of Each Disbursement this Period 16.35
City NEWHALL	State CA	Zip Code 91321	
Purpose of Disbursement MEETING EXPENSE: MEALS (MURPHY SB17.6554)		Category/ Type	<b>Transaction ID : SB17.6564</b>  <b>[MEMO ITEM]</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" 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).....	

**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 76 OF 115			
	<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)  
**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. MARIE CALLENDERS</b>		Date of Disbursement MM / DD / YYYY 05 / 08 / 2014
Mailing Address 27630 THE OLD RD		Amount of Each Disbursement this Period 7.21
City VALENCIA	State CA Zip Code 91355	
Purpose of Disbursement TRAVEL: MEALS (WANGSAPORN SB17.6481)		Transaction ID : SB17.6682
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. MARIE CALLENDERS</b>		Date of Disbursement MM / DD / YYYY 05 / 08 / 2014
Mailing Address 27630 THE OLD RD		Amount of Each Disbursement this Period 7.21
City VALENCIA	State CA Zip Code 91355	
Purpose of Disbursement TRAVEL: MEALS (WANGSAPORN SB17.6482)		Transaction ID : SB17.6725
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. MOBIL</b>		Date of Disbursement MM / DD / YYYY 05 / 08 / 2014
Mailing Address 2340 KUEHNER DR.		Amount of Each Disbursement this Period 50.00
City SIMI VALLEY	State CA Zip Code 97611	
Purpose of Disbursement TRAVEL: FUEL (WANGSAPORN SB17.6480)		Transaction ID : SB17.6605
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

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

**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 77 OF 115			
	<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)  
**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. TYLER MOORE</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2014
Mailing Address 22924 LYONS AVE., SUITE 104		Amount of Each Disbursement this Period 1452.00 <b>Transaction ID : SB17.6494</b>
City NEWHALL	State CA	
Zip Code 91321	Purpose of Disbursement FIELD CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. TYLER MOORE</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2014
Mailing Address 22924 LYONS AVE., SUITE 104		Amount of Each Disbursement this Period 368.83 <b>Transaction ID : SB17.6478</b>
City NEWHALL	State CA	
Zip Code 91321	Purpose of Disbursement REIMBURSEMENT: SEE MEMO	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. TYLER MOORE</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address 22924 LYONS AVE., SUITE 104		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : SB17.6539</b>
City NEWHALL	State CA	
Zip Code 91321	Purpose of Disbursement FIELD CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4320.83
<b>TOTAL</b> This Period (last page this line number only).....	

**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 78 OF 115			
	<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)  
**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. GRANT MURPHY</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2014
Mailing Address 22924 LYONS AVE., SUITE 104		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.6493</b>
City NEWHALL	State CA	
Zip Code 91321	Purpose of Disbursement FIELD CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. GRANT MURPHY</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2014
Mailing Address 22924 LYONS AVE., SUITE 104		Amount of Each Disbursement this Period 58.30 <b>Transaction ID : SB17.6554</b>
City NEWHALL	State CA	
Zip Code 91321	Purpose of Disbursement REIMBURSEMENT: SEE MEMO	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. PANERA BREAD</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 2900 COCHRAN ST.		Amount of Each Disbursement this Period 199.81 <b>Transaction ID : SB17.6652</b> <b>[MEMO ITEM]</b>
City SIMI VALLEY	State CA	
Zip Code 90304	Purpose of Disbursement MEETING EXPENSE: MEALS (WANGSAPORN SB17.6480)	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1058.30
<b>TOTAL</b> This Period (last page this line number only).....	

**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 79 OF 115			
	<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)  
**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. PANERA BREAD</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 2900 COCHRAN ST.		Amount of Each Disbursement this Period 66.96
City SIMI VALLEY	State CA	
Zip Code 90304	Purpose of Disbursement MEETING EXPENSE: MEALS (WANGSAPORN SB17.6480)	Transaction ID : SB17.6657
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. PLUVIOUS GROUP</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2014
Mailing Address 515 S. FIGUEROA STREET, 16TH FLOOR		Amount of Each Disbursement this Period 28517.32
City LOS ANGELES	State CA	
Zip Code 90071	Purpose of Disbursement FUNDRAISING CONSULTING	Transaction ID : SB17.6505
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. PREVAIL STRATEGIES</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2014
Mailing Address 400 FIRST STREET SE, SECOND FLOOR		Amount of Each Disbursement this Period 13735.92
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement COMMUNICATIONS CONSULTING	Transaction ID : SB17.6497
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	42253.24
<b>TOTAL</b> This Period (last page this line number only).....	

**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 80 OF 115	
	<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)  
**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. PREVAIL STRATEGIES</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address 400 FIRST STREET SE, SECOND FLOOR		Amount of Each Disbursement this Period 14234.30
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement COMMUNICATIONS CONSULTING	
Candidate Name		Transaction ID : SB17.6535
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. QUALITY PARKING SERVICE, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 15928 VENTURA BLVD., SUITE 103		Amount of Each Disbursement this Period 1040.00
City ENCINO State CA Zip Code 91436	Purpose of Disbursement PARKING SERVICES (WANGSAPORN SB17.6480)	
Candidate Name		Transaction ID : SB17.6624
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>C. RALPHS</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2014
Mailing Address 24860 ORCHARD VILLAGE ROAD		Amount of Each Disbursement this Period 42.25
City SANTA CLARITA State CA Zip Code 91355	Purpose of Disbursement MEETING EXPENSE: MEALS (HANDY SB17.6553)	
Candidate Name		Transaction ID : SB17.6560
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	14234.30
<b>TOTAL</b> This Period (last page this line number only).....	

**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 115			
	<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)  
**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. RALPHS</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2014
Mailing Address 24860 ORCHARD VILLAGE ROAD		Amount of Each Disbursement this Period 11.18
City SANTA CLARITA State CA Zip Code 91355	Purpose of Disbursement MEETING EXPENSE: MEALS (MURPHY SB17.6554)	
Candidate Name	Category/Type	Transaction ID : SB17.6566 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. RED CURVE SOLUTIONS</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address 138 CONANT STREET		Amount of Each Disbursement this Period 2541.73
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement COMPLIANCE CONSULTING	
Candidate Name	Category/Type	Transaction ID : SB17.6511
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. RED CURVE SOLUTIONS</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 138 CONANT STREET		Amount of Each Disbursement this Period 3271.10
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement COMPLIANCE CONSULTING	
Candidate Name	Category/Type	Transaction ID : SB17.6547
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5812.83
<b>TOTAL</b> This Period (last page this line number only).....	

**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 82 OF 115			
	<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)  
**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. RITE AID</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 3745 E. FOOTHILL BLVD.		Amount of Each Disbursement this Period 12.97
City PASADENA State CA Zip Code 91107	Purpose of Disbursement OFFICE SUPPLIES (WANGSAPORN SB17.6482)	
Candidate Name	Category/Type	Transaction ID : SB17.6752
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B. RIVERWOOD STRATEGIES</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2014
Mailing Address 439 E. SHORE DRIVE SUITE 100		Amount of Each Disbursement this Period 8000.00
City EAGLE State ID Zip Code 83616	Purpose of Disbursement COMMUNICATIONS CONSULTING	
Candidate Name	Category/Type	Transaction ID : SB17.6498
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. RIVERWOOD STRATEGIES</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address 439 E. SHORE DRIVE SUITE 100		Amount of Each Disbursement this Period 4000.00
City EAGLE State ID Zip Code 83616	Purpose of Disbursement COMMUNICATIONS CONSULTING	
Candidate Name	Category/Type	Transaction ID : SB17.6536
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	12000.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 83 OF 115	
	<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)  
**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. SANTA CLARITA CHAMBER OF COMMERCE</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 27451 TOURNEY ROAD, SUITE 160		Amount of Each Disbursement this Period 25.00
City SANTA CLARITA State CA Zip Code 91355	Purpose of Disbursement EVENT REGISTRATION FEE (WANGSAPORN SB17.6481)	
Candidate Name	Category/Type	<b>Transaction ID : SB17.6687</b> <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. SANTA CLARITA VALLEY SIGNAL</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 24000 CREEKSIDE RD.		Amount of Each Disbursement this Period 1200.00
City VALENCIA State CA Zip Code 91355	Purpose of Disbursement ADVERTISING (WANGSAPORN SB17.6481)	
Candidate Name	Category/Type	<b>Transaction ID : SB17.6713</b> <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. SAUGUS CAFE</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 25861 SAN FERNANDO ROAD		Amount of Each Disbursement this Period 29.45
City SAUGUS State CA Zip Code 91350	Purpose of Disbursement MEETING EXPENSE: MEALS (WANGSAPORN SB17.6481)	
Candidate Name	Category/Type	<b>Transaction ID : SB17.6672</b> <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" 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).....	

**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 84 OF 115			
	<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)  
**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. SAUGUS CAFE</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 25861 SAN FERNANDO ROAD		Amount of Each Disbursement this Period 19.17
City SAUGUS State CA Zip Code 91350	Purpose of Disbursement MEETING EXPENSE: MEALS (WANGSAPORN SB17.6482)	
Candidate Name	Category/Type	Transaction ID : SB17.6722 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. SAUGUS CAFE</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 25861 SAN FERNANDO ROAD		Amount of Each Disbursement this Period 55.10
City SAUGUS State CA Zip Code 91350	Purpose of Disbursement MEETING EXPENSE: MEALS (WANGSAPORN SB17.6482)	
Candidate Name	Category/Type	Transaction ID : SB17.6726 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. SAVE PROPOSITION 13</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 5405 ALTON PARKWAY STE. 5A-369		Amount of Each Disbursement this Period 5700.00
City IRVINE State CA Zip Code 92604	Purpose of Disbursement PRINT ADVERTISING	
Candidate Name	Category/Type	Transaction ID : SB17.6861
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5700.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 85 OF 115			
	<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)  
**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. SCE</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2014
Mailing Address PO BOX 600		Amount of Each Disbursement this Period 355.00
City ROSEMEAD State CA Zip Code 91771-0001	Purpose of Disbursement UTILITIES	
Candidate Name	Category/Type	Transaction ID : SB17.6542
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. SCM ASSOCIATES</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2014
Mailing Address 1283 MAIN STREET PO BOX 254		Amount of Each Disbursement this Period 6953.03
City DUBLIN State NH Zip Code 03444	Purpose of Disbursement DIRECT MAIL: PRINTING & POSTAGE	
Candidate Name	Category/Type	Transaction ID : SB17.6510
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. SCM ASSOCIATES</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 1283 MAIN STREET PO BOX 254		Amount of Each Disbursement this Period 1119.96
City DUBLIN State NH Zip Code 03444	Purpose of Disbursement DIRECT MAIL PRINTING	
Candidate Name	Category/Type	Transaction ID : SB17.6548
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8427.99
<b>TOTAL</b> This Period (last page this line number only).....	

**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 86 OF 115			
	<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)  
**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. SCV LATINO CHAMBER OF COMMERCE</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 27201 TOURNEY ROAD SUITE 201G			Amount of Each Disbursement this Period 200.00
City VALENCIA	State CA	Zip Code 91355	
Purpose of Disbursement EVENT REGISTRATION FEE (WANGSAPORN SB17.6480)		Category/ Type	<b>Transaction ID : SB17.6636</b>  <b>[MEMO ITEM]</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. SCV LATINO CHAMBER OF COMMERCE</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 27201 TOURNEY ROAD SUITE 201G			Amount of Each Disbursement this Period 10.00
City VALENCIA	State CA	Zip Code 91355	
Purpose of Disbursement EVENT REGISTRATION FEE (WANGSAPORN SB17.6481)		Category/ Type	<b>Transaction ID : SB17.6683</b>  <b>[MEMO ITEM]</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. SHELL</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 6599 COLLINS DRIVE			Amount of Each Disbursement this Period 55.00
City MOORPARK	State CA	Zip Code 93021	
Purpose of Disbursement TRAVEL: FUEL (WANGSAPORN SB17.6480)		Category/ Type	<b>Transaction ID : SB17.6592</b>  <b>[MEMO ITEM]</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" 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).....	

**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 87 OF 115			
	<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)  
**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. SHELL</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 6599 COLLINS DRIVE		Amount of Each Disbursement this Period 50.00
City MOORPARK State CA Zip Code 93021	Purpose of Disbursement TRAVEL: FUEL (WANGSAPORN SB17.6480)	
Candidate Name	Category/Type	Transaction ID : SB17.6593 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. SHELL</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 6599 COLLINS DRIVE		Amount of Each Disbursement this Period 55.00
City MOORPARK State CA Zip Code 93021	Purpose of Disbursement TRAVEL: FUEL (WANGSAPORN SB17.6480)	
Candidate Name	Category/Type	Transaction ID : SB17.6612 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. SHELL</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 6599 COLLINS DRIVE		Amount of Each Disbursement this Period 43.31
City MOORPARK State CA Zip Code 93021	Purpose of Disbursement TRAVEL: FUEL (WANGSAPORN SB17.6480)	
Candidate Name	Category/Type	Transaction ID : SB17.6622 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" 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).....	

**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 88 OF 115			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. SHELL</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 6599 COLLINS DRIVE		Amount of Each Disbursement this Period 45.00
City MOORPARK	State CA Zip Code 93021	
Purpose of Disbursement TRAVEL: FUEL (WANGSAPORN SB17.6480)		Transaction ID : SB17.6644
Candidate Name		
Office Sought:	Disbursement For: 2014	[MEMO ITEM]
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. SHELL</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 6599 COLLINS DRIVE		Amount of Each Disbursement this Period 30.00
City MOORPARK	State CA Zip Code 93021	
Purpose of Disbursement TRAVEL: FUEL (WANGSAPORN SB17.6480)		Transaction ID : SB17.6655
Candidate Name		
Office Sought:	Disbursement For: 2014	[MEMO ITEM]
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. SHELL</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 6599 COLLINS DRIVE		Amount of Each Disbursement this Period 50.00
City MOORPARK	State CA Zip Code 93021	
Purpose of Disbursement TRAVEL: FUEL (WANGSAPORN SB17.6480)		Transaction ID : SB17.6656
Candidate Name		
Office Sought:	Disbursement For: 2014	[MEMO ITEM]
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" 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).....	

**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 89 OF 115			
	<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)  
**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. SHELL</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014		
Mailing Address 6599 COLLINS DRIVE			Amount of Each Disbursement this Period 50.00		
City MOORPARK	State CA	Zip Code 93021	Transaction ID : SB17.6674 <b>[MEMO ITEM]</b>		
Purpose of Disbursement TRAVEL: FUEL (WANGSAPORN SB17.6481)		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. SHELL</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014		
Mailing Address 6599 COLLINS DRIVE			Amount of Each Disbursement this Period 52.00		
City MOORPARK	State CA	Zip Code 93021	Transaction ID : SB17.6694 <b>[MEMO ITEM]</b>		
Purpose of Disbursement TRAVEL: FUEL (WANGSAPORN SB17.6481)		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>C. SHELL</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014		
Mailing Address 24301 VALENCIA BLVD.			Amount of Each Disbursement this Period 54.51		
City VALENCIA	State CA	Zip Code 91355	Transaction ID : SB17.6720 <b>[MEMO ITEM]</b>		
Purpose of Disbursement TRAVEL: FUEL (WANGSAPORN SB17.6481)		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" 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).....	

**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 90 OF 115			
	<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)  
**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. SHELL</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 24301 VALENCIA BLVD.		Amount of Each Disbursement this Period 48.94
City VALENCIA State CA Zip Code 91355	Category/Type	
Purpose of Disbursement TRAVEL: FUEL (WANGSAPORN SB17.6482)		Transaction ID : SB17.6723
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. SHELL</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 6599 COLLINS DRIVE		Amount of Each Disbursement this Period 50.00
City MOORPARK State CA Zip Code 93021	Category/Type	
Purpose of Disbursement TRAVEL: FUEL (WANGSAPORN SB17.6482)		Transaction ID : SB17.6738
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. SHELL</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 6599 COLLINS DRIVE		Amount of Each Disbursement this Period 56.41
City MOORPARK State CA Zip Code 93021	Category/Type	
Purpose of Disbursement TRAVEL: FUEL (WANGSAPORN SB17.6482)		Transaction ID : SB17.6741
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

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

**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 91 OF 115			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. SHELL</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 6599 COLLINS DRIVE		Amount of Each Disbursement this Period 51.00
City MOORPARK	State CA Zip Code 93021	
Purpose of Disbursement TRAVEL: FUEL (WANGSAPORN SB17.6482)		Transaction ID : SB17.6744
Candidate Name		
Office Sought:	Disbursement For: 2014	[MEMO ITEM]
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. SHELL</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 6599 COLLINS DRIVE		Amount of Each Disbursement this Period 50.00
City MOORPARK	State CA Zip Code 93021	
Purpose of Disbursement TRAVEL: FUEL (WANGSAPORN SB17.6482)		Transaction ID : SB17.6753
Candidate Name		
Office Sought:	Disbursement For: 2014	[MEMO ITEM]
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. SHERATON GROUND PUBLIC MARKET BAR</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 1230 J STREET		Amount of Each Disbursement this Period 259.00
City SACRAMENTO	State CA Zip Code 95814	
Purpose of Disbursement MEETING EXPENSE: CATERING (WANGSAPORN SB17.6481)		Transaction ID : SB17.6668
Candidate Name		
Office Sought:	Disbursement For: 2014	[MEMO ITEM]
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" 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).....	

**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 92 OF 115	
	<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)  
**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. SIERRA MADRE INC.</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014	
Mailing Address 4 N. BALDWIN AVE.			Amount of Each Disbursement this Period 59.51	
City SIERRA MADRE	State CA	Zip Code 91024	Transaction ID : SB17.6650  [MEMO ITEM]	
Purpose of Disbursement TRAVEL: FUEL (WANGSAPORN SB17.6480)		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. SIGN A RAMA</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014	
Mailing Address 24730 AVENUE TIBBITTS #130			Amount of Each Disbursement this Period 263.78	
City VALENCIA	State CA	Zip Code 91355	Transaction ID : SB17.6646  [MEMO ITEM]	
Purpose of Disbursement PRINTING EXPENSE (WANGSAPORN SB17.6480)		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. SIMI VALLEY CHAMBER OF COMMERCE</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2014	
Mailing Address 40 W. COCHRAN STREET, SUITE 100			Amount of Each Disbursement this Period 250.00	
City SIMI VALLEY	State CA	Zip Code 93065	Transaction ID : SB17.6519	
Purpose of Disbursement EVENT REGISTRATION FEE		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	250.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 93 OF 115			
	<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)  
**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. SIMI VALLEY CHAMBER OF COMMERCE</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 40 W. COCHRAN STREET, SUITE 100			Amount of Each Disbursement this Period 18.00
City SIMI VALLEY	State CA	Zip Code 93065	
Purpose of Disbursement EVENT REGISTRATION FEE (WANGSAPORN SB17.6480)		Category/ Type	<b>Transaction ID : SB17.6659</b>  <b>[MEMO ITEM]</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>B. SIMI VALLEY CHAMBER OF COMMERCE</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 40 W. COCHRAN STREET, SUITE 100			Amount of Each Disbursement this Period 18.00
City SIMI VALLEY	State CA	Zip Code 93065	
Purpose of Disbursement EVENT REGISTRATION FEE (WANGSAPORN SB17.6481)		Category/ Type	<b>Transaction ID : SB17.6664</b>  <b>[MEMO ITEM]</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>C. SIMI VALLEY CHAMBER OF COMMERCE</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 40 W. COCHRAN STREET, SUITE 100			Amount of Each Disbursement this Period 40.00
City SIMI VALLEY	State CA	Zip Code 93065	
Purpose of Disbursement EVENT REGISTRATION FEE (WANGSAPORN SB17.6482)		Category/ Type	<b>Transaction ID : SB17.6754</b>  <b>[MEMO ITEM]</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" 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).....	

**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 94 OF 115	
	<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)  
**STRICKLAND FOR CONGRESS**

**A. STANDARD PARKING CORPORATION**

Full Name (Last, First, Middle Initial)  
Mailing Address 64200 WILSHIRE BLVD.

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement PARKING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 04 / 17 / 2014

Amount of Each Disbursement this Period: 290.00

Transaction ID : SB17.6513

**B. STAPLES**

Full Name (Last, First, Middle Initial)  
Mailing Address 25570 N. OLD ROAD

City VALENCIA State CA Zip Code 91355

Purpose of Disbursement OFFICE SUPPLIES (HANDY SB17.6553)

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 04 / 11 / 2014

Amount of Each Disbursement this Period: 27.59

Transaction ID : SB17.6556

[MEMO ITEM]

**C. STAPLES**

Full Name (Last, First, Middle Initial)  
Mailing Address 25570 N. OLD ROAD

City VALENCIA State CA Zip Code 91355

Purpose of Disbursement OFFICE SUPPLIES (HANDY SB17.6553)

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 04 / 11 / 2014

Amount of Each Disbursement this Period: 137.30

Transaction ID : SB17.6557

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... 290.00

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

**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 95 OF 115			
	<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)  
**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. STAPLES</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2014
Mailing Address 25570 N. OLD ROAD		Amount of Each Disbursement this Period 98.09
City VALENCIA State CA Zip Code 91355	Category/Type	
Purpose of Disbursement OFFICE SUPPLIES (HANDY SB17.6553)		Transaction ID : SB17.6558 <b>[MEMO ITEM]</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. STAPLES</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2014
Mailing Address 25570 N. OLD ROAD		Amount of Each Disbursement this Period 128.61
City VALENCIA State CA Zip Code 91355	Category/Type	
Purpose of Disbursement OFFICE SUPPLIES (MOORE SB17.6478)		Transaction ID : SB17.6569 <b>[MEMO ITEM]</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. STARBUCKS</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2014
Mailing Address 24802 ORCHARD VILLAGE		Amount of Each Disbursement this Period 13.95
City SANTA CLARITA State CA Zip Code 91355	Category/Type	
Purpose of Disbursement MEETING EXPENSE: MEALS (MOORE SB17.6478)		Transaction ID : SB17.6574 <b>[MEMO ITEM]</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" 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).....	

**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 96 OF 115			
	<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)  
**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. STARBUCKS</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 4631 E. AVENUE S.		Amount of Each Disbursement this Period 3.90
City PALMDALE State CA Zip Code 93552	Purpose of Disbursement TRAVEL: MEALS (WANGSAPORN SB17.6481)	
Candidate Name	Category/Type	<b>Transaction ID : SB17.6701</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. TARGET</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2014
Mailing Address 24425 MAGIC MOUNTAIN PKWY		Amount of Each Disbursement this Period 27.24
City VALENCIA State CA Zip Code 91355	Purpose of Disbursement OFFICE SUPPLIES (MOORE SB17.6478)	
Candidate Name	Category/Type	<b>Transaction ID : SB17.6572</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. THE BEVERLY GARLAND</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 4222 VINELAND AVE.		Amount of Each Disbursement this Period 5.00
City NORTH HOLLYWOOD State CA Zip Code 91602	Purpose of Disbursement PARKING (WANGSAPORN SB17.6480)	
Candidate Name	Category/Type	<b>Transaction ID : SB17.6599</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b>
State: District:		

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

**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 97 OF 115			
	<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)  
**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. THE JUSTIN COMPANY</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2014
Mailing Address 1130 ROBERTSON WAY		Amount of Each Disbursement this Period 26102.99 <b>Transaction ID : SB17.6502</b>
City SACRAMENTO	State CA	
Zip Code 95818	Purpose of Disbursement DIRECT MAIL: PRINTING & POSTAGE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. THE JUSTIN COMPANY</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2014
Mailing Address 1130 ROBERTSON WAY		Amount of Each Disbursement this Period 34883.64 <b>Transaction ID : SB17.6524</b>
City SACRAMENTO	State CA	
Zip Code 95818	Purpose of Disbursement DIRECT MAIL: PRINTING & POSTAGE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. THE JUSTIN COMPANY</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address 1130 ROBERTSON WAY		Amount of Each Disbursement this Period 10141.50 <b>Transaction ID : SB17.6526</b>
City SACRAMENTO	State CA	
Zip Code 95818	Purpose of Disbursement DIRECT MAIL: PRINTING & POSTAGE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	71128.13
<b>TOTAL</b> This Period (last page this line number only).....	

**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 98 OF 115			
	<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)  
**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. THE PICTURE PEOPLE</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 1555 SIMI TOWN CENTER WAY, SUITE 6		Amount of Each Disbursement this Period 75.00
City SIMI VALLEY	State CA	
Zip Code 93065	Purpose of Disbursement PHOTOGRAPHY SERVICES (WANGSAPORN SB17.6482)	Transaction ID : <b>SB17.6731</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. THE PROSPER GROUP</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2014
Mailing Address 435 EAST MAIN STREET STE 250		Amount of Each Disbursement this Period 2500.00
City GREENWOOD	State IN	
Zip Code 46143	Purpose of Disbursement WEB DEVELOPMENT	Transaction ID : <b>SB17.6503</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. TPC AT VALENCIA</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 26550 HERITAGE VIEW LN.		Amount of Each Disbursement this Period 191.10
City VALENCIA	State CA	
Zip Code 91381	Purpose of Disbursement MEETING EXPENSE: CATERING (WANGSAPORN SB17.6482)	Transaction ID : <b>SB17.6728</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2500.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 99 OF 115			
	<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)  
**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. TRANSAXT</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2014
Mailing Address 190 MONROE AVE, SUITE 500		Amount of Each Disbursement this Period 8578.02 <b>Transaction ID : SB17.6500</b>
City GRAND RAPIDS State MI Zip Code 49503	Purpose of Disbursement MERCHANT FEES	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. TRANSAXT</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2014
Mailing Address 190 MONROE AVE, SUITE 500		Amount of Each Disbursement this Period 67.50 <b>Transaction ID : SB17.6508</b>
City GRAND RAPIDS State MI Zip Code 49503	Purpose of Disbursement MERCHANT FEES	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. TRANSAXT</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2014
Mailing Address 190 MONROE AVE, SUITE 500		Amount of Each Disbursement this Period 153.02 <b>Transaction ID : SB17.6517</b>
City GRAND RAPIDS State MI Zip Code 49503	Purpose of Disbursement MERCHANT FEES	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8798.54
<b>TOTAL</b> This Period (last page this line number only).....	

**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 100 OF 115	
	<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)  
**STRICKLAND FOR CONGRESS**

**A. TRANSAXT**

Full Name (Last, First, Middle Initial)  
Mailing Address 190 MONROE AVE, SUITE 500

City GRAND RAPIDS State MI Zip Code 49503

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
04 / 24 / 2014

Amount of Each Disbursement this Period  
245.24

Transaction ID : SB17.6522

**B. TRANSAXT**

Full Name (Last, First, Middle Initial)  
Mailing Address 190 MONROE AVE, SUITE 500

City GRAND RAPIDS State MI Zip Code 49503

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
05 / 12 / 2014

Amount of Each Disbursement this Period  
854.70

Transaction ID : SB17.6551

**C. TRANSAXT**

Full Name (Last, First, Middle Initial)  
Mailing Address 190 MONROE AVE, SUITE 500

City GRAND RAPIDS State MI Zip Code 49503

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
05 / 14 / 2014

Amount of Each Disbursement this Period  
252.00

Transaction ID : SB17.6552

**SUBTOTAL** of Disbursements This Page (optional)..... 1351.94

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

**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 101 OF 115	
	<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)  
**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. U.A. PROPERTY MANAGEMENT</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2014
Mailing Address 22916 LYONS AVENUE #1A		Amount of Each Disbursement this Period 1222.93 <b>Transaction ID : SB17.6495</b>
City SANTA CLARITA State CA Zip Code 91321	Purpose of Disbursement RENT	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. U.A. PROPERTY MANAGEMENT</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address 22916 LYONS AVENUE #1A		Amount of Each Disbursement this Period 1265.00 <b>Transaction ID : SB17.6540</b>
City SANTA CLARITA State CA Zip Code 91321	Purpose of Disbursement RENT	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. UNITED OIL</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 108 E. COCHRAN STREET		Amount of Each Disbursement this Period 61.30 <b>Transaction ID : SB17.6628</b> <b>[MEMO ITEM]</b>
City SIMI VALLEY State CA Zip Code 93065	Purpose of Disbursement TRAVEL: FUEL (WANGSAPORN SB17.6480)	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2487.93
<b>TOTAL</b> This Period (last page this line number only).....	

**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 102 OF 115	
	<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)  
**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. UNITED STATES POSTAL SERVICE</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 475 L'ENFANT PLAZA SW		Amount of Each Disbursement this Period 197.85
City WASHINGTON State DC Zip Code 20260	Purpose of Disbursement POSTAGE (WANGSAPORN SB17.6480)	
Candidate Name	Category/Type	Transaction ID : SB17.6634 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. USC TRANSPORTATION AND PARKING SERVICES</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 620 WEST 35TH STREET (PSX)		Amount of Each Disbursement this Period 10.00
City LOS ANGELES State CA Zip Code 90089	Purpose of Disbursement PARKING (WANGSAPORN SB17.6481)	
Candidate Name	Category/Type	Transaction ID : SB17.6680 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2014
Mailing Address 23640 LYONS AVE.		Amount of Each Disbursement this Period 122.50
City SANTA CLARITA State CA Zip Code 91321	Purpose of Disbursement POSTAGE (HANDY SB17.6553)	
Candidate Name	Category/Type	Transaction ID : SB17.6561 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" 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).....	

**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 103 OF 115	
	<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)  
**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. VALENCIA WINE CO.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 24300 TOWN CENTER DRIVE #10		Amount of Each Disbursement this Period 137.70
City VALENCIA State CA Zip Code 91355	Purpose of Disbursement MEETING EXPENSE: CATERING (WANGSAPORN SB17.6480)	
Candidate Name	Category/Type	<b>Transaction ID : SB17.6597</b> <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. VERIZON</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address PO BOX 660108		Amount of Each Disbursement this Period 143.58
City DALLAS State TX Zip Code 75266	Purpose of Disbursement OFFICE PHONES (WANGSAPORN SB17.6480)	
Candidate Name	Category/Type	<b>Transaction ID : SB17.6618</b> <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. VERIZON</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address PO BOX 660108		Amount of Each Disbursement this Period 101.70
City DALLAS State TX Zip Code 75266	Purpose of Disbursement OFFICE PHONES (WANGSAPORN SB17.6480)	
Candidate Name	Category/Type	<b>Transaction ID : SB17.6647</b> <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" 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).....	

**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 104 OF 115	
	<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)  
**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. VERIZON</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address PO BOX 660108		Amount of Each Disbursement this Period 83.85
City DALLAS State TX Zip Code 75266	Purpose of Disbursement OFFICE PHONES (WANGSAPORN SB17.6480)	
Candidate Name		Transaction ID : SB17.6658 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. VERIZON WIRELESS</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address PO BOX 660108		Amount of Each Disbursement this Period 207.63
City DALLAS State TX Zip Code 75266	Purpose of Disbursement MOBILE PHONE EXPENSE (WANGSAPORN SB17.6480)	
Candidate Name		Transaction ID : SB17.6601 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. VERIZON WIRELESS</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address PO BOX 660108		Amount of Each Disbursement this Period 282.57
City DALLAS State TX Zip Code 75266	Purpose of Disbursement MOBILE PHONE EXPENSE (WANGSAPORN SB17.6480)	
Candidate Name		Transaction ID : SB17.6619 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

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

**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 105 OF 115	
	<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)  
**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. VERIZON WIRELESS</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address PO BOX 660108		Amount of Each Disbursement this Period 230.55
City DALLAS State TX Zip Code 75266	Purpose of Disbursement MOBILE PHONE EXPENSE (WANGSAPORN SB17.6481)	
Candidate Name		Transaction ID : SB17.6685
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B. VERIZON WIRELESS</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address PO BOX 660108		Amount of Each Disbursement this Period 217.95
City DALLAS State TX Zip Code 75266	Purpose of Disbursement MOBILE PHONE EXPENSE (WANGSAPORN SB17.6482)	
Candidate Name		Transaction ID : SB17.6729
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>C. VIRGIN AMERICA</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 555 AIRPORT BLVD., SUITE 200		Amount of Each Disbursement this Period 824.00
City BURLINGAME State CA Zip Code 94010	Purpose of Disbursement TRAVEL: AIR (WANGSAPORN SB17.6480)	
Candidate Name		Transaction ID : SB17.6609
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	[MEMO ITEM]

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

**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 106 OF 115	
	<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)  
**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. VIRGIN AMERICA</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 555 AIRPORT BLVD., SUITE 200		Amount of Each Disbursement this Period 25.00
City BURLINGAME State CA Zip Code 94010	Purpose of Disbursement TRAVEL: FEE (WANGSAPORN SB17.6481)	
Candidate Name	Category/Type	<b>Transaction ID : SB17.6704</b> <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. VIRGIN AMERICA</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 555 AIRPORT BLVD., SUITE 200		Amount of Each Disbursement this Period 25.00
City BURLINGAME State CA Zip Code 94010	Purpose of Disbursement TRAVEL: FEE (WANGSAPORN SB17.6481)	
Candidate Name	Category/Type	<b>Transaction ID : SB17.6707</b> <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. VIRGIN AMERICA</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 555 AIRPORT BLVD., SUITE 200		Amount of Each Disbursement this Period 50.00
City BURLINGAME State CA Zip Code 94010	Purpose of Disbursement TRAVEL: FEE (WANGSAPORN SB17.6481)	
Candidate Name	Category/Type	<b>Transaction ID : SB17.6714</b> <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" 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).....	

**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 107 OF 115	
	<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)  
**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. VIRGIN AMERICA</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 555 AIRPORT BLVD., SUITE 200		Amount of Each Disbursement this Period 596.00
City BURLINGAME State CA Zip Code 94010	Purpose of Disbursement TRAVEL: AIR (WANGSAPORN SB17.6482)	
Candidate Name	Category/Type	Transaction ID : SB17.6721 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. VONAGE BUSINESS SOLUTIONS</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 23 MAIN STREET		Amount of Each Disbursement this Period 80.79
City HOLMDEL State NJ Zip Code 07733	Purpose of Disbursement OFFICE PHONES (WANGSAPORN SB17.6480)	
Candidate Name	Category/Type	Transaction ID : SB17.6621 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. VONAGE BUSINESS SOLUTIONS</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 23 MAIN STREET		Amount of Each Disbursement this Period 80.72
City HOLMDEL State NJ Zip Code 07733	Purpose of Disbursement OFFICE PHONES (WANGSAPORN SB17.6481)	
Candidate Name	Category/Type	Transaction ID : SB17.6673 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" 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).....	

**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 108 OF 115	
	<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)  
**STRICKLAND FOR CONGRESS**

**A. VONAGE BUSINESS SOLUTIONS**

Full Name (Last, First, Middle Initial)  
Mailing Address 23 MAIN STREET

City HOLMDEL State NJ Zip Code 07733

Purpose of Disbursement OFFICE PHONES (WANGSAPORN SB17.6481)

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 05 / 08 / 2014

Amount of Each Disbursement this Period: 100.00

Transaction ID : SB17.6677

[MEMO ITEM]

**B. WALMART**

Full Name (Last, First, Middle Initial)  
Mailing Address 25450 OLD ROAD

City STEPHENSON RANCH State CA Zip Code 91381

Purpose of Disbursement MEETING EXPENSE: MEALS (MOORE SB17.6478)

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 04 / 22 / 2014

Amount of Each Disbursement this Period: 9.84

Transaction ID : SB17.6579

[MEMO ITEM]

**C. WALMART SUPERCENTER**

Full Name (Last, First, Middle Initial)  
Mailing Address 26471 CARL BOYER DRIVE

City SANTA CLARITA State CA Zip Code 91350

Purpose of Disbursement OFFICE SUPPLIES (WANGSAPORN SB17.6480)

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 05 / 08 / 2014

Amount of Each Disbursement this Period: 107.91

Transaction ID : SB17.6643

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) ..... 0.00

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

**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 109 OF 115	
	<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)  
**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. CHRIS WANGSAPORN</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2014
Mailing Address PO BOX283		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : SB17.6504</b>
City SIERRA MADRE	State CA	
Zip Code 91025	Purpose of Disbursement STRATEGY CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. CHRIS WANGSAPORN</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2014
Mailing Address PO BOX283		Amount of Each Disbursement this Period 6436.94 <b>Transaction ID : SB17.6479</b>
City SIERRA MADRE	State CA	
Zip Code 91025	Purpose of Disbursement REIMBURSEMENT: SEE MEMO	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. CHRIS WANGSAPORN</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address PO BOX283		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : SB17.6530</b>
City SIERRA MADRE	State CA	
Zip Code 91025	Purpose of Disbursement STRATEGY CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	11436.94
<b>TOTAL</b> This Period (last page this line number only).....	

**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 110 OF 115			
	<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)  
**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. CHRIS WANGSAPORN</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014	
Mailing Address PO BOX283			Amount of Each Disbursement this Period 5457.58	
City SIERRA MADRE	State CA	Zip Code 91025	Transaction ID : SB17.6480	
Purpose of Disbursement REIMBURSEMENT: SEE MEMO		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. CHRIS WANGSAPORN</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014	
Mailing Address PO BOX283			Amount of Each Disbursement this Period 4352.55	
City SIERRA MADRE	State CA	Zip Code 91025	Transaction ID : SB17.6481	
Purpose of Disbursement REIMBURSEMENT: SEE MEMO		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. CHRIS WANGSAPORN</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014	
Mailing Address PO BOX283			Amount of Each Disbursement this Period 2292.06	
City SIERRA MADRE	State CA	Zip Code 91025	Transaction ID : SB17.6482	
Purpose of Disbursement REIMBURSEMENT: SEE MEMO		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	12102.19
<b>TOTAL</b> This Period (last page this line number only).....	

**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 111 OF 115	
	<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)  
**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. CHRIS WANGSAPORN</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014	
Mailing Address PO BOX283			Amount of Each Disbursement this Period 423.05	
City SIERRA MADRE	State CA	Zip Code 91025	Transaction ID : SB17.6483	
Purpose of Disbursement REIMBURSEMENT: SEE MEMO		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. WASHINGTON FLYER</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014	
Mailing Address PO BOX 17045			Amount of Each Disbursement this Period 78.50	
City WASHINGTON	State DC	Zip Code 20041	Transaction ID : SB17.6718	
Purpose of Disbursement TRAVEL: TAXI (WANGSAPORN SB17.6481)		Category/ Type	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. WESTLAKE VILLAGE MOBIL</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014	
Mailing Address 942 S. WESTLAKE BLVD.			Amount of Each Disbursement this Period 46.61	
City WESTLAKE VILLAGE	State CA	Zip Code 91361	Transaction ID : SB17.6630	
Purpose of Disbursement TRAVEL: FUEL (WANGSAPORN SB17.6480)		Category/ Type	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	423.05
<b>TOTAL</b> This Period (last page this line number only).....	

**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 112 OF 115	
	<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)  
**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. WEWER &amp; LACY, LLP</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 30011 IVY GLENN DRIVE, SUITE 223		Amount of Each Disbursement this Period 1980.95
City LAGUNA NIGUEL State CA Zip Code 92677	Purpose of Disbursement LEGAL CONSULTING	
Candidate Name		Transaction ID : SB17.6486
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. WHOLE FOODS</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2014
Mailing Address 24130 VALENCIA BLVD.		Amount of Each Disbursement this Period 24.99
City VALENCIA State CA Zip Code 91355	Purpose of Disbursement MEETING EXPENSE: MEALS (MOORE SB17.6478)	
Candidate Name		Transaction ID : SB17.6576
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>C. WHOLE FOODS</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2014
Mailing Address 24130 VALENCIA BLVD.		Amount of Each Disbursement this Period 15.24
City VALENCIA State CA Zip Code 91355	Purpose of Disbursement MEETING EXPENSE: MEALS (MOORE SB17.6478)	
Candidate Name		Transaction ID : SB17.6577
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1980.95
<b>TOTAL</b> This Period (last page this line number only).....	

**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 113 OF 115	
	<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)  
**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. YELLOW CAB CO. OF DC</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 1636 BLADENURG RD. NE		Amount of Each Disbursement this Period 13.00
City WASHINGTON State DC Zip Code 20002	Purpose of Disbursement TRAVEL: TAXI (WANGSAPORN SB17.6481)	
Candidate Name	Category/Type	Transaction ID : SB17.6661 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. YELLOW CAB CO. OF DC</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 1636 BLADENURG RD. NE		Amount of Each Disbursement this Period 12.00
City WASHINGTON State DC Zip Code 20002	Purpose of Disbursement TRAVEL: TAXI (WANGSAPORN SB17.6481)	
Candidate Name	Category/Type	Transaction ID : SB17.6662 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. YELLOW CAB CO. OF DC</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 1636 BLADENURG RD. NE		Amount of Each Disbursement this Period 80.00
City WASHINGTON State DC Zip Code 20002	Purpose of Disbursement TRAVEL: TAXI (WANGSAPORN SB17.6481)	
Candidate Name	Category/Type	Transaction ID : SB17.6663 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" 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).....	

**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 114 OF 115	
	<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)  
**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. YUM YUM DONUTS</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2014
Mailing Address 23342 LYONS AVE.		Amount of Each Disbursement this Period 8.99
City NEWHALL	State CA	
Zip Code 91321	Purpose of Disbursement MEETING EXPENSE: MEALS (MURPHY SB17.6554)	Transaction ID : SB17.6565
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. YUM YUM DONUTS</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2014
Mailing Address 23342 LYONS AVE.		Amount of Each Disbursement this Period 8.99
City NEWHALL	State CA	
Zip Code 91321	Purpose of Disbursement MEETING EXPENSE: MEALS (MOORE SB17.6478)	Transaction ID : SB17.6570
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. YUM YUM DONUTS</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2014
Mailing Address 23342 LYONS AVE.		Amount of Each Disbursement this Period 8.99
City NEWHALL	State CA	
Zip Code 91321	Purpose of Disbursement MEETING EXPENSE: MEALS (MOORE SB17.6478)	Transaction ID : SB17.6573
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8.00
<b>TOTAL</b> This Period (last page this line number only).....	373577.94

**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 115 OF 115			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. DIANE B WILSEY</b>		Date of Disbursement MM / DD / YYYY 04 / 10 / 2014
Mailing Address 2590 JACKSON STREET		Amount of Each Disbursement this Period 400.00 <b>Transaction ID : SB20A.6555</b>
City SAN FRANCISCO	State CA	
Zip Code 94115	Purpose of Disbursement CONTRIBUTION REFUND	Category/ Type
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	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	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	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	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	
State: District:	Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	400.00
<b>TOTAL</b> This Period (last page this line number only).....	400.00