

**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 46 OF 48	
	<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)
Mario Diaz-Balart for Congress

Full Name (Last, First, Middle Initial) A. Capitol Hill Club		Date of Disbursement MM / DD / YYYY 03 / 18 / 2015
Mailing Address 300 1st Street SE		Amount of Each Disbursement this Period 135 Transaction ID : B-E-10611
City Washington State DC Zip Code 20003-1801	Purpose of Disbursement Membership Dues Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. American Express		Date of Disbursement MM / DD / YYYY 03 / 23 / 2015
Mailing Address PO Box 297807		Amount of Each Disbursement this Period 21.6 Transaction ID : B-E-10623
City Fort Lauderdale State FL Zip Code 33329-7807	Purpose of Disbursement Travel: Cab Fare Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	Original vendors exceeding reporting threshold itemized as memo transactions.

Full Name (Last, First, Middle Initial) C. American Express		Date of Disbursement MM / DD / YYYY 03 / 23 / 2015
Mailing Address PO Box 297807		Amount of Each Disbursement this Period 10.92 Transaction ID : B-E-10624
City Fort Lauderdale State FL Zip Code 33329-7807	Purpose of Disbursement Travel: Uber - Taxi Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	Original vendors exceeding reporting threshold itemized as memo transactions.

SUBTOTAL of Disbursements This Page (optional).....	167.52
TOTAL This Period (last page this line number only).....	