

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REPUBLICAN JEWISH COALITION-POLITICAL ACTION COMMITTEE (RJC-PAC)**

Full Name (Last, First, Middle Initial)

**A. GORELL FOR CONGRESS**

Mailing Address 1305 DEL NORTE ROAD SUITE 105

City CAMARILLO State CA Zip Code 93010

Purpose of Disbursement

Candidate Name

**JEFF GORELL**

Office Sought:  House  
 Senate  
 President

State: CA District: 26

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 14 / 2014

**Transaction ID : SB23.7345**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. MARILINDA GARCIA FOR CONGRESS**

Mailing Address PO BOX 821

City SALEM State NH Zip Code 03079

Purpose of Disbursement

Candidate Name

**MARILINDA GARCIA**

Office Sought:  House  
 Senate  
 President

State: NH District: 02

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 01 / 2014

**Transaction ID : SB23.7348**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. MARK GREENBERG FOR CONGRESS**

Mailing Address 53 PECK ROAD

City TORRINGTON State CT Zip Code 06790

Purpose of Disbursement

Candidate Name

**MARK GREENBERG**

Office Sought:  House  
 Senate  
 President

State: CT District: 05

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 01 / 2014

**Transaction ID : SB23.7339**

Amount of Each Disbursement this Period

2500.00

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

7500.00

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