

**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 122			
	<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)
TED YOHO FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PIRYX, INC.		Date of Disbursement MM / DD / YYYY 03 / 12 / 2014
Mailing Address 144 SECOND STREET FIRST FLOOR		Amount of Each Disbursement this Period 2.70 Transaction ID : SB17.11613
City SAN FRANCISCO State CA Zip Code 94105	Purpose of Disbursement CC TRANSACTION FEES Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. PIRYX, INC.		Date of Disbursement MM / DD / YYYY 03 / 13 / 2014
Mailing Address 144 SECOND STREET FIRST FLOOR		Amount of Each Disbursement this Period 72.90 Transaction ID : SB17.11614
City SAN FRANCISCO State CA Zip Code 94105	Purpose of Disbursement CC TRANSACTION FEES Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. PIRYX, INC.		Date of Disbursement MM / DD / YYYY 03 / 14 / 2014
Mailing Address 144 SECOND STREET FIRST FLOOR		Amount of Each Disbursement this Period 29.03 Transaction ID : SB17.11615
City SAN FRANCISCO State CA Zip Code 94105	Purpose of Disbursement CC TRANSACTION FEES Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	104.63
TOTAL This Period (last page this line number only).....	