

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Corbett for Congress

ADDRESS (number and street)

555 Capitol Mall, Suite 1425

Check if different than previously reported. (ACC)

Sacramento

CA

95814

2. FEC IDENTIFICATION NUMBER ▼

C C00502088

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

CA

15

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M / D D / Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y
04 / 01 / 2013

through

M M / D D / Y Y Y Y
06 / 30 / 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ellen Corbett

Signature of Treasurer Ellen Corbett

[Electronically Filed]

Date

M M / D D / Y Y Y Y
10 / 14 / 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 26

Write or Type Committee Name

Corbett 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))....	12429.00	204010.84
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	12429.00	204010.84
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	11207.71	88160.37
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	11207.71	88160.37
8. Cash on Hand at Close of Reporting Period (from Line 27).....	116184.37	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY 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

Corbett 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).....	9400.00	161041.00
(ii) Unitemized.....	3029.00	15969.84
(iii) TOTAL of contributions from individuals ▶	12429.00	177010.84
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	27000.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	12429.00	204010.84
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
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.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	633.90
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	12429.00	204644.74

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	11207.71	88160.37
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	0.00	0.00
(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)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	300.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	11207.71	88460.37

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	114963.08
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	12429.00
25. SUBTOTAL (add Line 23 and Line 24).....	127392.08
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	11207.71
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	116184.37

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3A
Transaction ID :

Update Summary Page and Schedules A and E

Form/Schedule:
Transaction ID:

**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 26
	<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	

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)
Corbett for Congress

A. Full Name (Last, First, Middle Initial)
Ravi K. Arora

Mailing Address 6140 Rockridge Blvd. South

City State Zip Code
Oakland CA 94618

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

Name of Employer Occupation
Epic Care Physician

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 / 24 / 2013

Transaction ID : INCA490

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Peter J. Ballew

Mailing Address 14179 Seagate Drive

City State Zip Code
San Leandro CA 94577

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

Name of Employer Occupation
None Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 07 / 2013

Transaction ID : INCA505

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Philip G. Daly

Mailing Address 957 Bridge Road

City State Zip Code
San Leandro CA 94577

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

Name of Employer Occupation
Alameda County Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1100.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 27 / 2013

Transaction ID : IDTA51

Amount of Each Receipt this Period
150.00

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

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

1150.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI
Transaction ID : IDTA51

Contribution received through conduit ActBlue

Form/Schedule:
Transaction ID:

**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 26
	<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)
Corbett for Congress

Full Name (Last, First, Middle Initial) ActBlue		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 07 / 2013
Mailing Address P.O. Box 382110		Transaction ID : INCA523IDTA51
City Cambridge	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer	Occupation	[MEMO ITEM]
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 13499.84	

Full Name (Last, First, Middle Initial) Dana Dean		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 28 / 2013
Mailing Address 236 Saint Augustine Drive		Transaction ID : IDTA55
City Benicia	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Law Offices of Dana Dean	Occupation Attorney	[MEMO ITEM]
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) ActBlue		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 30 / 2013
Mailing Address P.O. Box 382110		Transaction ID : INCA546IDTA55
City Cambridge	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation	[MEMO ITEM]
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 13499.84	

SUBTOTAL of Receipts This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA523IDTA51

Total earmarked through conduit; PAC limit not affected

Form/Schedule: SA11AI

Transaction ID: IDTA55

Contribution received through conduit ActBlue

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA546IDTA55

Total earmarked through conduit; PAC limit not affected

Form/Schedule:

Transaction ID:

**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 26
	<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)
Corbett for Congress

A. Full Name (Last, First, Middle Initial)
Robert H. Duey

Mailing Address 4592 Ewing Road

City Castro Valley State CA Zip Code 94546

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

Name of Employer None Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 07 / 2013

Transaction ID : INCA512

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Robert S. Epstein

Mailing Address 618 Santa Barbara Road

City Berkeley State CA Zip Code 94707

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

Name of Employer None Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 07 / 2013

Transaction ID : INCA522

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
David Hochschild

Mailing Address 1328 Bay View Place

City Berkeley State CA Zip Code 94708

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

Name of Employer California Energy Commission Occupation Energy Commissioner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 24 / 2013

Transaction ID : INCA488

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 12 OF 26
	<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)
Corbett for Congress

A. Full Name (Last, First, Middle Initial)
Shalini Jain

Mailing Address 998 Seminole Common

City State Zip Code
Fremont CA 94539

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

Name of Employer Occupation
California Cardiovascular Consultants Manager

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
06 / 07 / 2013

Transaction ID : INCA521

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Alex Kobayashi

Mailing Address 36123 Pizarro Drive

City State Zip Code
Fremont CA 94536

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

Name of Employer Occupation
California State Senate District Representative

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 07 / 2013

Transaction ID : INCA517

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Elvera Libbrecht

Mailing Address 1298 Gabriel Court

City State Zip Code
San Leandro CA 94577

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

Name of Employer Occupation
None 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 Y Y
06 / 07 / 2013

Transaction ID : INCA511

Amount of Each Receipt this Period
150.00

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 13 OF 26
	<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)
Corbett for Congress

A. Full Name (Last, First, Middle Initial)
Chaplin Liu, M.D.

Mailing Address 13847 East 14th Street, Suite 209

City San Leandro	State CA	Zip Code 94578
---------------------	-------------	-------------------

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

Name of Employer San Leandro Hospital	Occupation Physician
--	-------------------------

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 / 24 / 2013

Transaction ID : INCA484

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Kenneth Pon

Mailing Address 151 Callan Avenue, Suite 306

City San Leandro	State CA	Zip Code 94577
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FEC ID number of contributing federal political committee. **C**

Name of Employer Kenneth Pon, CPA	Occupation Certified Public Accountant
--------------------------------------	---

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 07 / 2013

Transaction ID : INCA520

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Patrick E. Romani

Mailing Address 12181 Blythen Way

City Oakland	State CA	Zip Code 94619
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FEC ID number of contributing federal political committee. **C**

Name of Employer Face Reality Skin Care, LLC	Occupation Owner
---	---------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 07 / 2013

Transaction ID : INCA515

Amount of Each Receipt this Period
250.00

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 14 OF 26
	<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)
Corbett for Congress

A. Full Name (Last, First, Middle Initial)
Vin K. Sawhney

Mailing Address 13847 East 14th Street, Suite 101

City San Leandro	State CA	Zip Code 94577
---------------------	-------------	-------------------

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

Name of Employer Self-Employed	Occupation Physician
-----------------------------------	-------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 24 / 2013

Transaction ID : INCA487

Amount of Each Receipt this Period
900.00

B. Full Name (Last, First, Middle Initial)
Vin K. Sawhney

Mailing Address 13847 East 14th Street, Suite 101

City San Leandro	State CA	Zip Code 94577
---------------------	-------------	-------------------

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

Name of Employer Self-Employed	Occupation Physician
-----------------------------------	-------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 24 / 2013

Transaction ID : INCA486

Amount of Each Receipt this Period
1600.00

C. Full Name (Last, First, Middle Initial)
Suvi Sharma

Mailing Address 4101 Balfour Avenue

City Oakland	State CA	Zip Code 94610
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FEC ID number of contributing federal political committee. **C**

Name of Employer Solaria	Occupation President
-----------------------------	-------------------------

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 / 24 / 2013

Transaction ID : INCA496

Amount of Each Receipt this Period
250.00

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

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

2750.00

**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 15 OF 26
	<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)
Corbett for Congress

A. Full Name (Last, First, Middle Initial)
Robert G. Zapotosky

Mailing Address 3978 Amyx Court

City State Zip Code
Hayward CA 94542

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

Name of Employer Occupation
Soloria Chief Financial Officer

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 / 24 / 2013

Transaction ID : INCA492

Amount of Each Receipt this Period
500.00

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).....

500.00

9400.00

**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 16 OF 26			
	<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)
Corbett for Congress

Full Name (Last, First, Middle Initial) A. ActBlue Technical Services		Date of Disbursement MM / DD / YYYY 06 / 25 / 2013
Mailing Address 14 Arrow Street		Amount of Each Disbursement this Period 9.93 Transaction ID : EXPB524
City Cambridge	State MA	
Zip Code 02138	Purpose of Disbursement Processing Fee	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. ActBlue Technical Services		Date of Disbursement MM / DD / YYYY 06 / 30 / 2013
Mailing Address 14 Arrow Street		Amount of Each Disbursement this Period 9.88 Transaction ID : EXPB547
City Cambridge	State MA	
Zip Code 02138	Purpose of Disbursement Processing Fee	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. ActBlue Technical Services		Date of Disbursement MM / DD / YYYY 06 / 30 / 2013
Mailing Address 14 Arrow Street		Amount of Each Disbursement this Period 1.98 Transaction ID : EXPB541
City Cambridge	State MA	
Zip Code 02138	Purpose of Disbursement Processing Fee	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).....	17.79
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 17 OF 26			
	<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)
Corbett for Congress

Full Name (Last, First, Middle Initial) A. ActBlue Technical Services			Date of Disbursement MM / DD / YYYY 06 / 30 / 2013
Mailing Address 14 Arrow Street			Amount of Each Disbursement this Period 1.98 Transaction ID : EXPB543
City Cambridge	State MA	Zip Code 02138	
Purpose of Disbursement Processing Fee		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. ActBlue Technical Services			Date of Disbursement MM / DD / YYYY 06 / 30 / 2013
Mailing Address 14 Arrow Street			Amount of Each Disbursement this Period 3.13 Transaction ID : EXPB549
City Cambridge	State MA	Zip Code 02138	
Purpose of Disbursement Processing Fee		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. Olson Hagel & Fishburn, LLP			Date of Disbursement MM / DD / YYYY 04 / 15 / 2013
Mailing Address 555 Capitol Mall, Suite 1425			Amount of Each Disbursement this Period 850.44 Transaction ID : EXPB461
City Sacramento	State CA	Zip Code 95814	
Purpose of Disbursement Legal & Reporting Services		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).....	855.55
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 18 OF 26			
	<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)
Corbett for Congress

Full Name (Last, First, Middle Initial) A. Olson Hagel & Fishburn, LLP			Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2013	
Mailing Address 555 Capitol Mall, Suite 1425			Amount of Each Disbursement this Period 2044.56	
City Sacramento	State CA	Zip Code 95814	Transaction ID : EXPB470	
Purpose of Disbursement Legal & Reporting Services		001 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 <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) B. Olson Hagel & Fishburn, LLP			Date of Disbursement M M / D D / Y Y Y Y 06 / 14 / 2013	
Mailing Address 555 Capitol Mall, Suite 1425			Amount of Each Disbursement this Period 600.72	
City Sacramento	State CA	Zip Code 95814	Transaction ID : EXPB501	
Purpose of Disbursement Legal & Reporting Services		001 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 <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) c. RCBS Payroll Services			Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2013	
Mailing Address 5429 Madison Avenue			Amount of Each Disbursement this Period 43.00	
City Sacramento	State CA	Zip Code 95814	Transaction ID : EXPB459	
Purpose of Disbursement Payroll Services		001 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 <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

SUBTOTAL of Disbursements This Page (optional)	2688.28
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 19 OF 26			
	<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)
Corbett for Congress

Full Name (Last, First, Middle Initial) A. RCBS Payroll Services		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2013
Mailing Address 5429 Madison Avenue		Amount of Each Disbursement this Period 289.72
City Sacramento	State CA	
Purpose of Disbursement Payroll Taxes	Zip Code 95814	Category/ Type 001
Candidate Name		
State:	District:	

Full Name (Last, First, Middle Initial) B. RCBS Payroll Services		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2013
Mailing Address 5429 Madison Avenue		Amount of Each Disbursement this Period 289.72
City Sacramento	State CA	
Purpose of Disbursement Payroll Taxes	Zip Code 95814	Category/ Type 001
Candidate Name		
State:	District:	

Full Name (Last, First, Middle Initial) c. RCBS Payroll Services		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2013
Mailing Address 5429 Madison Avenue		Amount of Each Disbursement this Period 43.00
City Sacramento	State CA	
Purpose of Disbursement Payroll Services	Zip Code 95814	Category/ Type 001
Candidate Name		
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	622.44
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 20 OF 26			
	<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)
Corbett for Congress

Full Name (Last, First, Middle Initial) A. RCBS Payroll Services			Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2013	
Mailing Address 5429 Madison Avenue			Amount of Each Disbursement this Period 289.72	
City Sacramento	State CA	Zip Code 95814	Transaction ID : EXPB469	
Purpose of Disbursement Payroll Taxes		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. RCBS Payroll Services			Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2013	
Mailing Address 5429 Madison Avenue			Amount of Each Disbursement this Period 43.00	
City Sacramento	State CA	Zip Code 95814	Transaction ID : EXPB468	
Purpose of Disbursement Payroll Services		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. RCBS Payroll Services			Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2013	
Mailing Address 5429 Madison Avenue			Amount of Each Disbursement this Period 43.00	
City Sacramento	State CA	Zip Code 95814	Transaction ID : EXPB482	
Purpose of Disbursement Payroll Services		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).....	375.72
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 21 OF 26	
	<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)
Corbett for Congress

Full Name (Last, First, Middle Initial) A. RCBS Payroll Services		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2013
Mailing Address 5429 Madison Avenue		Amount of Each Disbursement this Period 289.72 Transaction ID : EXPB483
City Sacramento	State CA	
Zip Code 95814	Purpose of Disbursement Payroll Taxes	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. RCBS Payroll Services		Date of Disbursement M M / D D / Y Y Y Y 06 / 14 / 2013
Mailing Address 5429 Madison Avenue		Amount of Each Disbursement this Period 229.72 Transaction ID : EXPB500
City Sacramento	State CA	
Zip Code 95814	Purpose of Disbursement Payroll Taxes	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. RCBS Payroll Services		Date of Disbursement M M / D D / Y Y Y Y 06 / 14 / 2013
Mailing Address 5429 Madison Avenue		Amount of Each Disbursement this Period 43.00 Transaction ID : EXPB499
City Sacramento	State CA	
Zip Code 95814	Purpose of Disbursement Payroll Services	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).....	562.44
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 22 OF 26	
	<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)
Corbett for Congress

Full Name (Last, First, Middle Initial) A. RCBS Payroll Services			Date of Disbursement M M / D D / Y Y Y Y 06 / 28 / 2013	
Mailing Address 5429 Madison Avenue			Amount of Each Disbursement this Period 43.00	
City Sacramento	State CA	Zip Code 95814	Transaction ID : EXPB526	
Purpose of Disbursement Payroll Services		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. RCBS Payroll Services			Date of Disbursement M M / D D / Y Y Y Y 06 / 28 / 2013	
Mailing Address 5429 Madison Avenue			Amount of Each Disbursement this Period 229.72	
City Sacramento	State CA	Zip Code 95814	Transaction ID : EXPB527	
Purpose of Disbursement Payroll Taxes		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. Ron Kraushar Insurance Agency			Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2013	
Mailing Address 500 San Juan Avenue			Amount of Each Disbursement this Period 586.00	
City Fair Oaks	State CA	Zip Code 95628	Transaction ID : EXPB465	
Purpose of Disbursement Insurance		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).....	858.72
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 23 OF 26			
	<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)
Corbett for Congress

Full Name (Last, First, Middle Initial) A. Wells Fargo Bank			Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2013		
Mailing Address 400 Capitol Mall			Amount of Each Disbursement this Period 81.00		
City Sacramento	State CA	Zip Code 95814	Transaction ID : EXPB466		
Purpose of Disbursement Bank Fee		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. Wells Fargo Bank			Date of Disbursement M M / D D / Y Y Y Y 05 / 10 / 2013		
Mailing Address 400 Capitol Mall			Amount of Each Disbursement this Period 31.00		
City Sacramento	State CA	Zip Code 95814	Transaction ID : EXPB497		
Purpose of Disbursement Bank Fee		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. Wells Fargo Bank			Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2013		
Mailing Address 400 Capitol Mall			Amount of Each Disbursement this Period 31.05		
City Sacramento	State CA	Zip Code 95814	Transaction ID : EXPB529		
Purpose of Disbursement Bank Fee		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).....	143.05
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 24 OF 26			
	<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)
Corbett for Congress

Full Name (Last, First, Middle Initial) A. Wells Fargo Bank			Date of Disbursement MM / DD / YYYY 06 / 12 / 2013
Mailing Address 400 Capitol Mall			Amount of Each Disbursement this Period 3.04
City Sacramento	State CA	Zip Code 95814	
Purpose of Disbursement Bank Fee	Candidate Name		Transaction ID : EXPB528
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:	Category/Type 001		

Full Name (Last, First, Middle Initial) B. Alexandra C. Woodruff			Date of Disbursement MM / DD / YYYY 04 / 15 / 2013
Mailing Address 2031 Hayes Street			Amount of Each Disbursement this Period 846.78
City San Francisco	State CA	Zip Code 94117	
Purpose of Disbursement Salary	Candidate Name		Transaction ID : EXPB457
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:	Category/Type 001		

Full Name (Last, First, Middle Initial) c. Alexandra C. Woodruff			Date of Disbursement MM / DD / YYYY 04 / 30 / 2013
Mailing Address 2031 Hayes Street			Amount of Each Disbursement this Period 846.78
City San Francisco	State CA	Zip Code 94117	
Purpose of Disbursement Salary	Candidate Name		Transaction ID : EXPB462
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:	Category/Type 001		

SUBTOTAL of Disbursements This Page (optional).....	1696.60
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 25 OF 26			
	<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)
Corbett for Congress

Full Name (Last, First, Middle Initial) A. Alexandra C. Woodruff			Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2013	
Mailing Address 2031 Hayes Street			Amount of Each Disbursement this Period 846.78	
City San Francisco	State CA	Zip Code 94117	Transaction ID : EXPB467	
Purpose of Disbursement Salary		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. Alexandra C. Woodruff			Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2013	
Mailing Address 2031 Hayes Street			Amount of Each Disbursement this Period 846.78	
City San Francisco	State CA	Zip Code 94117	Transaction ID : EXPB481	
Purpose of Disbursement Salary		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. Alexandra C. Woodruff			Date of Disbursement M M / D D / Y Y Y Y 06 / 14 / 2013	
Mailing Address 2031 Hayes Street			Amount of Each Disbursement this Period 846.78	
City San Francisco	State CA	Zip Code 94117	Transaction ID : EXPB498	
Purpose of Disbursement Salary		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).....	2540.34
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 26 OF 26	
	<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)
Corbett for Congress

Full Name (Last, First, Middle Initial) A. Alexandra C. Woodruff			Date of Disbursement MM / DD / YYYY 06 / 28 / 2013	
Mailing Address 2031 Hayes Street			Amount of Each Disbursement this Period \$ 846.78	
City San Francisco	State CA	Zip Code 94117	Transaction ID : EXPB525	
Purpose of Disbursement Salary		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.			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 <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) C.			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 <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

SUBTOTAL of Disbursements This Page (optional).....	\$ 846.78
TOTAL This Period (last page this line number only).....	\$ 11207.71