

**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 31 OF 32
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Castor for Congress**

Full Name (Last, First, Middle Initial) <b>A. FRIENDS OF LOIS CAPPS</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2014
Mailing Address P.O. BOX 23940		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : D347168</b>
City SANTA BARBARA	State CA	
Zip Code 93121	Purpose of Disbursement Contribution	Category/ Type
Candidate Name <b>LOIS G CAPPS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: CA District: 24	

Full Name (Last, First, Middle Initial) <b>B. GRAHAM FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2014
Mailing Address PO BOX 310		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : D347162</b>
City TALLAHASSEE	State FL	
Zip Code 32302	Purpose of Disbursement Contribution	Category/ Type
Candidate Name <b>GWEN GRAHAM</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 02	

Full Name (Last, First, Middle Initial) <b>C. SCOTT PETERS VICTORY FUND 2012</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2014
Mailing Address 330 ENCINITAS BLVD STE 101		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : D347167</b>
City ENCINITAS	State CA	
Zip Code 92024	Purpose of Disbursement Contribution	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: CA District:	

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