

**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 38 OF 57			
	<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)
Jackie Speier for Congress

Full Name (Last, First, Middle Initial) A. FedEx Office		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address Po Box 7221		Amount of Each Disbursement this Period 30.94
City Pasadena	State CA	
Zip Code 91109	Purpose of Disbursement Delivery Service	[MEMO ITEM] Credit card payee, see Schedule D Boston Private Bank & Trust Company VISA - CH
Candidate Name	001 Category/ Type	
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. FedEx Office		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address Po Box 7221		Amount of Each Disbursement this Period 19.27
City Pasadena	State CA	
Zip Code 91109	Purpose of Disbursement Delivery Service	[MEMO ITEM] Credit card payee, see Schedule D Boston Private Bank & Trust Company VISA - CH
Candidate Name	001 Category/ Type	
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. FedEx Office		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address Po Box 7221		Amount of Each Disbursement this Period 20.70
City Pasadena	State CA	
Zip Code 91109	Purpose of Disbursement Delivery Services	[MEMO ITEM] Credit card payee, see Schedule D Boston Private Bank & Trust Company VISA - CH
Candidate Name	001 Category/ Type	
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).....	0.00
TOTAL This Period (last page this line number only).....	