

**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 115 OF 120 | |
| | <input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a | <input type="checkbox"/> 18 <input type="checkbox"/> 20b | <input type="checkbox"/> 19a <input type="checkbox"/> 20c | <input type="checkbox"/> 19b <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Ken Calvert for Congress Committee

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. Dr. Prem N Reddy M.D. | | Date of Disbursement MM / DD / YYYY 06 / 18 / 2013 |
| Mailing Address 16850 Bear Valley Road | | Amount of Each Disbursement this Period 2400.00 Transaction ID : EXPB12081 |
| City Victorville State CA Zip Code 92395-5794 | Purpose of Disbursement Donor-Requested Refund of Reported May 2011 Donation Candidate Name Category/Type 010 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" 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 Candidate Name 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. | | Date of Disbursement MM / DD / YYYY |
| Mailing Address | | Amount of Each Disbursement this Period |
| City State Zip Code | Purpose of Disbursement Candidate Name 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)..... | 2400.00 |
| TOTAL This Period (last page this line number only)..... | 2400.00 |