

**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 684 OF 691			
	<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)  
**Julia Brownley for Congress**

Full Name (Last, First, Middle Initial) <b>A. Aram Hodess</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2015
Mailing Address 33 Claremont Ave		Amount of Each Disbursement this Period 400.00 <b>Transaction ID : D567938</b>
City Orinda	State CA	
Zip Code 94563	Purpose of Disbursement Contribution Refund	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Phyllis Karsten</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2015
Mailing Address 6274 San Felipe Rd		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : D567585</b>
City United States Of America	State CA	
Zip Code 95135	Purpose of Disbursement Contribution Refund	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. William Kehaly</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2015
Mailing Address 31646 Foxfield Drive		Amount of Each Disbursement this Period 1111.11 <b>Transaction ID : D567934</b>
City Westlake Village	State CA	
Zip Code 91361	Purpose of Disbursement Contribution Refund	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2011.11
<b>TOTAL</b> This Period (last page this line number only).....	