

**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 284 OF 322			
	<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)
FRIENDS OF MIA LOVE

Full Name (Last, First, Middle Initial) A. ELECTEK USA		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2015
Mailing Address PO BOX 23715		Amount of Each Disbursement this Period 900.00 Transaction ID : SB17.205080
City CHARGRIN FALLS	State OH	
Zip Code 44023	Purpose of Disbursement SOFTWARE	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. GEORGE A. FERRIS III		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2015
Mailing Address 350 SOUTH 300 EAST APT. 116		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.205081
City SALT LAKE CITY	State UT	
Zip Code 84111	Purpose of Disbursement FIELD CONSULTING	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. GEORGE A. FERRIS III		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2015
Mailing Address 350 SOUTH 300 EAST APT. 116		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.209280
City SALT LAKE CITY	State UT	
Zip Code 84111	Purpose of Disbursement FIELD CONSULTING	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).....	2150.00
TOTAL This Period (last page this line number only).....	