

**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 46 OF 47	
	<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)  
**DOUG LAMALFA COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. NEVADA COUNTY REPUBLICAN PARTY</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2017
Mailing Address P. O. BOX 403		FEC Identification Number C 00556605
City GRASS VALLEY	State CA	
Purpose of Disbursement Transfer unneeded funds		Amount of Each Disbursement this Period 500.00
Candidate Name <b>NEVADA COUNTY REPUBLICAN PARTY</b>		Transaction ID : <b>EXPB4724</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. NEVADA COUNTY REPUBLICAN PARTY</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2017
Mailing Address P. O. BOX 403		FEC Identification Number C 00556605
City GRASS VALLEY	State CA	
Purpose of Disbursement Transfer unneeded funds		Amount of Each Disbursement this Period 50.00
Candidate Name <b>NEVADA COUNTY REPUBLICAN PARTY</b>		Transaction ID : <b>EXPB4751</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number C
City	State	
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		Transaction ID : _____
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: _____	<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	550.00
<b>TOTAL</b> This Period (last page this line number only).....▶	550.00