

**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 78 OF 78
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Valadao for Congress

Full Name (Last, First, Middle Initial) A. Fresno County Republican Central Committee		Date of Disbursement M M / D D / Y Y Y Y 04 / 08 / 2016
Mailing Address 5550 N Palm Ave Suite 107		Amount of Each Disbursement this Period 1000.00
City Fresno State CA Zip Code 93704	Purpose of Disbursement Contribution	<input type="checkbox"/> Memo Item
Candidate Name Fresno County Republican Central Committee	Category/ Type 011	Transaction ID : EXPB14401
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. Kings County Republican Party		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2016
Mailing Address PO Box 6901		Amount of Each Disbursement this Period 500.00
City Visalia State CA Zip Code 93290	Purpose of Disbursement Contribution	<input type="checkbox"/> Memo Item
Candidate Name Kings County Republican Party	Category/ Type 011	Transaction ID : EXPB14432
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) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	<input type="checkbox"/> Memo Item
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).....	1500.00
TOTAL This Period (last page this line number only).....	1500.00