

**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 54 OF 58	
	<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) A. Gallagher for Assembly		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2013
Mailing Address 9321 Silverbend Ln.		Amount of Each Disbursement this Period 2000.00 Transaction ID : EXPB2168
City Elk Grove State CA Zip Code 95624	Purpose of Disbursement State candidate Category/Type 011	
Candidate Name Gallagher for Assembly	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. National Republican Congressional Committee		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2013
Mailing Address 320 First St., SE		Amount of Each Disbursement this Period 15000.00 Transaction ID : EXPB2169
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement Transfer of unneeded funds Category/Type 008	
Candidate Name National Republican Congressio	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <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 Category/Type	
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).....	17000.00
TOTAL This Period (last page this line number only).....	17000.00