

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Off the Sidelines PAC

Full Name (Last, First, Middle Initial)

A. Kathleen Rice for Congress

Mailing Address 410 Jericho Turnpike
Suite 200

City Jericho State NY Zip Code 11753

Purpose of Disbursement
Contribution

011

Candidate Name

Kathleen Rice

Category/
Type

Office Sought: House
 Senate
 President
State: NY District: 04

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 30 / 2014

Transaction ID : D523452

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Democratic Congressional Campaign Committee

Mailing Address 430 South Capitol Street SE
2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution

011

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼
2014 Contribution

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 30 / 2014

Transaction ID : D523432

Amount of Each Disbursement this Period

15000.00

Full Name (Last, First, Middle Initial)

C. Lara for New Mexico

Mailing Address PO Box 2326

City Carlsbad State NM Zip Code 88221

Purpose of Disbursement
Contribution

001

Candidate Name

Roxanne Lara

Category/
Type

Office Sought: House
 Senate
 President
State: NM District: 02

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 14 / 2014

Transaction ID : D523453

Amount of Each Disbursement this Period

-5000.00

Void Check Prior Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

15000.00