

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

|   |   |              |  |  |  |
|---|---|--------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)  | PAGE 8 OF 15 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |              |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Francisco For Congress**

|   |  |                    |   |
|---|--|--------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. California Republican Party</b>  |  |                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 02 / 2015 |
| Mailing Address 1903 West Magnolia Boulevard  |  |                    | Amount of Each Disbursement this Period<br>205.00             |
| City<br>Burbank   | State<br>CA  | Zip Code<br>91506- |   |
| Purpose of Disbursement<br>Mtg Registration Fees  |  | Category/<br>Type  | <b>Transaction ID : 50409.E1084</b>                           |
| Candidate Name  |  |                    |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                    | <b>MTG REGISTRATION FEES</b>                                  |
| State: District:  |  |                    |   |

|   |  |                    |   |
|---|--|--------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. USPS</b>   |  |                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 03 / 2015 |
| Mailing Address 836 Anacapa Street  |  |                    | Amount of Each Disbursement this Period<br>203.00             |
| City<br>Santa Barbara   | State<br>CA  | Zip Code<br>93102- |   |
| Purpose of Disbursement<br>Postage  |  | Category/<br>Type  | <b>Transaction ID : 50409.E1086</b>                           |
| Candidate Name  |  |                    |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                    | <b>POSTAGE</b>  |
| State: District:  |  |                    |   |

|   |  |                   |   |
|---|--|-------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C.</b>  |  |                   | Date of Disbursement<br>M M / D D / Y Y Y Y |
| Mailing Address   |  |                   | Amount of Each Disbursement this Period     |
| City  | State  | Zip Code          |   |
| Purpose of Disbursement   |  | Category/<br>Type |   |
| Candidate Name  |  |                   |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                   |   |
| State: District:  |  |                   |   |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 408.00  |
| <b>TOTAL</b> This Period (last page this line number only)..... | 1099.37 |