

**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 149 OF 149	
	<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)
Friends of John Boehner

Full Name (Last, First, Middle Initial) A. DAVID RIVERA FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2014
Mailing Address P.O. BOX 520633		Amount of Each Disbursement this Period -2000.00
City MIAMI State FL Zip Code 33152	Purpose of Disbursement VOID CHECK- CONTRIBUTION	Transaction ID : SB21.445
Candidate Name DAVID RIVERA	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	ORIGINAL TRANSACTION 09/28/2012
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 25	

Full Name (Last, First, Middle Initial) B. FRIENDS OF DAN LOGUE FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2014
Mailing Address PO BOX 984		Amount of Each Disbursement this Period -2000.00
City WILLOWS State CA Zip Code 95988	Purpose of Disbursement VOID CHECK- CONTRIBUTION	Transaction ID : SB21.446
Candidate Name DANIEL LOGUE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	ORIGINAL TRANSACTION 6/16/2014
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: CA District: 03	

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	
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).....	-4000.00
TOTAL This Period (last page this line number only).....	-4000.00