SCHEDITE B (EEC Form 3)		FOR LINE NUMBER: PAGE 95 OF 96
SCHEDULE B (FEC Form 3)	Use separate schedule(s)	(check only one)
TEMIZED DISBURSEMENTS	for each category of the	17 18 19a 19b
	Detailed Summary Page	20a 20b 20c X 21
Any information copied from such Reports and Statements	may not be sold or used by any	
or for commercial purposes, other than using the name and		
	radaress or any pentical commit	tee to solioit contributions from such committee.
NAME OF COMMITTEE (In Full)		
Becerra for Congress		
/		
Full Name (Last, First, Middle Initial)		
A. Romanoff for Congress		Date of Disbursement
		M M / D D / Y Y Y Y
Mailing Address P.O. Box 783		09 28 2013
City State	Zip Code	Amount of Each Disbursement this Period
Aurora CO	80040	
Purpose of Disbursement		1000.00
Contribution 2014 CO-H-06 Primary		Transaction ID : D695142
Candidate Name	Catagoni	
Andrew Romanoff	Category Type	
Office Sought: Y House Disbursement Fo	• • • • • • • • • • • • • • • • • • • •	<del></del>
Senate Senate Primar		
	(specify)	
	(specify)	
State. Bistriot.		
Full Name (Last, First, Middle Initial)		
3. Catering by Avalon		Date of Disbursement
		M M / D D / Y Y Y
Mailing Address 109 Clermont Avenue		07 11 2013
City State	Zip Code	Amount of Each Disbursement this Period
Alexandria VA	22304-4837	
Purpose of Disbursement 7/8 Reception - Officially Connected		679.80
		Transaction ID : D690282
Candidate Name	Category	/
	Туре	
Office Sought: House Disbursement Fo		
Senate Primar	y General	
President Other	(specify)	
State: District:		
Full Name (Last, First, Middle Initial)		
Congressional Hispanic Caucus Institute		Date of Disbursement
J. Congressional inspanie Sausas mediate		
Mailing Address 911 2nd Street, NE		09 12 2013
JII ZIIU JIIEEL, INE		00 12 2010
City State 2	Zip Code	Amount of Each Disbursement this Period
Washington DC	20002	Amount of Each disbursement this Feriod
Purpose of Disbursement		5000.00
Annual Awards Gala		
Candidate Name		Transaction ID : D691894
Candidate Name Category/ Type		′
Office Sought: House Disbursement Fo		—
	(specify)	
State: District:		
SUBTOTAL of Disbursements This Page (optional)		

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