

**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 89 OF 89	
	<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)
Lois Frankel for Congress

Full Name (Last, First, Middle Initial) A. Democratic Congressional Campaign Committee		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address 430 S Capitol St SE FI 2		Amount of Each Disbursement this Period 25000.00
City Washington	State DC	Zip Code 20003-4024
Purpose of Disbursement Unlimited Transfer to a Party Committee		Transaction ID : D500153
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)	Category/Type
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. OWENS FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address PO BOX 2786		Amount of Each Disbursement this Period 1000.00
City SALT LAKE CITY	State UT	Zip Code 84110
Purpose of Disbursement Contribution		Transaction ID : D501120
Candidate Name H DOUGLAS OWENS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/Type
State: UT	District: 04	

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		Transaction ID
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)	Category/Type
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional).....	26000.00
TOTAL This Period (last page this line number only).....	26000.00