

**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)		PAGE 2 OF 2				
	<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)
**CONSUMER FIREWORKS SAFETY ASSOCIATION POLITICAL ACTION COMMITTEE--
FEDERAL ACCOUNT**

Full Name (Last, First, Middle Initial)

A. Adam Smith for Congress Committee			Date of Disbursement		
Mailing Address			<input type="text" value="06"/>	<input type="text" value="08"/>	<input type="text" value="2015"/>
P O Box 578					
City	State	Zip Code			
Renton	Washington	98057			
Purpose of Disbursement			Amount of Each Disbursement this Period		
campaign fund contribution			<input type="text" value="011"/>	<input type="text" value="500.00"/>	
Candidate Name			Category/Type		
Adam Smith					
Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: WA	District: 09				

B. Cathy McMorris Rodgers for Congress			Date of Disbursement		
Mailing Address			<input type="text" value="06"/>	<input type="text" value="08"/>	<input type="text" value="2015"/>
P O Box 137					
City	State	Zip Code			
Spokane	Washington	99210			
Purpose of Disbursement			Amount of Each Disbursement this Period		
campaign fund contribution			<input type="text" value="011"/>	<input type="text" value="250.00"/>	
Candidate Name			Category/Type		
Cathy McMorris Rodgers					
Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: WA	District: 05				

C.			Date of Disbursement		
Mailing Address			<input type="text"/>	<input type="text"/>	<input type="text"/>
City					
State	Zip Code				
Purpose of Disbursement	Candidate Name		<input type="text"/>	Amount of Each Disbursement this Period	
			Category/Type	<input type="text"/>	
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).....	<input type="text" value="750.00"/>
TOTAL This Period (last page this line number only).....	<input type="text" value="2,750.00"/>