

**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 1 OF	
<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. Ikaika for Hawaii		Date of Disbursement MM / DD / YYYY 03 / 11 / 2014
Mailing Address P O Box 862		Amount of Each Disbursement this Period 250.00
City Honolulu	State Hawaii	
Zip Code 96808	Purpose of Disbursement campaign fund contribution	Category/Type 011
Candidate Name Ikaika Anderson	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: Hawaii District: 1	

Full Name (Last, First, Middle Initial) B. People for Derek Kilmer		Date of Disbursement MM / DD / YYYY 03 / 31 / 2014
Mailing Address P O Box 1574		Amount of Each Disbursement this Period 1,000.00
City Gig Harbor	State Washington	
Zip Code 98335	Purpose of Disbursement campaign contribution	Category/Type 011
Candidate Name Derek Kilmer	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: 06	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Category/Type
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).....▶	
TOTAL This Period (last page this line number only).....▶	

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