

**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 42 OF 43	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
DOUG LAMALFA COMMITTEE

Full Name (Last, First, Middle Initial) A. Glenn County Republican Party		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2015
Mailing Address P. O. Box 07		Amount of Each Disbursement this Period 360.00 Transaction ID : EXPB3002
City Artoise	State CA	
Zip Code 95913	Purpose of Disbursement Transfer of unneeded funds	Category/ Type 008
Candidate Name Glenn County Republican Party	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Crime Victims United		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2015
Mailing Address 11400 Atwood Rd.		Amount of Each Disbursement this Period 250.00 Transaction ID : EXPB3006
City Auburn	State CA	
Zip Code 95603	Purpose of Disbursement Donation	Category/ Type 012
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

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	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).....	610.00
TOTAL This Period (last page this line number only).....	610.00