

**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)

<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)

SALEM COMMUNICATIONS CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. KING FOR CONGRESS

Mailing Address 126 Des Moines Street
P.O. Box 576

City Odebolt State IA Zip Code 51458

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: IA District: 05

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 16 / 2014

Transaction ID : SB23.13592

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. LEE, MIKE

Mailing Address 917 QUAIL HOLLOW CIRCLE

City ALPINE State UT Zip Code 84004

Purpose of Disbursement
Contribution to 'Friends of Mike Lee'

Candidate Name

Office Sought: House
 Senate
 President
State: UT District: 00

Disbursement For: 2016
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 16 / 2014

Transaction ID : SB23.13605

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. MARINO FOR CONGRESS

Mailing Address PO BOX 653

City WILLIAMSPORT State PA Zip Code 17703

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: PA District: 10

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 16 / 2014

Transaction ID : SB23.13596

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

3000.00