

**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 9 OF 9
	<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)
Ron Barber for Congress

Full Name (Last, First, Middle Initial) A. The Fox Tucson Theatre Foundation		Date of Disbursement M M / D D / Y Y Y Y 11 / 09 / 2015
Mailing Address PO Box 1008		Amount of Each Disbursement this Period 4000.00 Transaction ID : VNNTW9SHYJ0
City Tucson	State AZ	
Zip Code 85702-1008	Purpose of Disbursement Donation	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:	

Full Name (Last, First, Middle Initial) B. The Loft Cinema		Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2015
Mailing Address 3233 E Speedway Blvd		Amount of Each Disbursement this Period 5000.00 Transaction ID : VNNTW9S68X2
City Tucson	State AZ	
Zip Code 85716-3933	Purpose of Disbursement Donation	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:	

Full Name (Last, First, Middle Initial) C. TOM O'HALLERAN FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2015
Mailing Address 75 TURKEY CREEK TRAIL		Amount of Each Disbursement this Period 2000.00 Transaction ID : VNNTW9SHYZ3
City Sedona	State AZ	
Zip Code 86351	Purpose of Disbursement Contribution	Category/ Type
Candidate Name TOM O'HALLERAN	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: AZ District: 01	

SUBTOTAL of Disbursements This Page (optional).....	11000.00
TOTAL This Period (last page this line number only).....	25000.00