

**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 52 OF 52	
	<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)
Lois Frankel for Congress

Full Name (Last, First, Middle Initial) A. Broward County Democratic Party		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2014
Mailing Address 8181 W Broward Ste 201		Amount of Each Disbursement this Period 2000.00
City Fort Lauderdale State FL Zip Code 33324	Purpose of Disbursement Unlimited Transfer to a Party Committee	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D495900
State: District:		

Full Name (Last, First, Middle Initial) B. Florida Democratic Party		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2014
Mailing Address 214 S Bronough St		Amount of Each Disbursement this Period 1500.00
City Tallahassee State FL Zip Code 32301-1705	Purpose of Disbursement Unlimited Transfer to a Party Committee	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D495901
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	Candidate Name	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).....	3500.00
TOTAL This Period (last page this line number only).....	3500.00