

**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. Goodlatte for Congress

Mailing Address

City State Zip Code

Purpose of Disbursement
Check 1442 entered on 6-15 has been voided

011

Candidate Name

Goodlatte for Congress

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		22		2014

Transaction ID : SB23.14111

Amount of Each Disbursement this Period

-1000.00

Full Name (Last, First, Middle Initial)

B. HELLER FOR SENATE

Mailing Address PO BOX 371907

City State Zip Code
LAS VEGAS NV 89137

Purpose of Disbursement
Contribution

011

Candidate Name

HELLER FOR SENATE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2014

Transaction ID : SB23.14132

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. LEE TERRY FOR CONGRESS

Mailing Address PO BOX 540098

City State Zip Code
OMAHA NE 68154

Purpose of Disbursement
Contribution

011

Candidate Name

LEE TERRY FOR CONGRESS

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NE District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2014

Transaction ID : SB23.14137

Amount of Each Disbursement this Period

500.00

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

500.00

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

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