

# 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)

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

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NAME OF COMMITTEE (In Full)  
Charles A. Gonzalez Congressional Campaign

A.	Full Name (Last, First, Middle Initial) <b>DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE</b>	<b>Transaction ID:</b> D254721 Date of Disbursement 12 / 16 / 2010	
	Mailing Address 430 South Capitol Street SE 2nd Floor		Amount of Each Disbursement this Period 15000.00
	City Washington State DC Zip Code 20003		
	Purpose of Disbursement Unlimited transfer to national part		
	Candidate Name	Category/ Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) <b>Democrats of Northwest Bexar County</b>	<b>Transaction ID:</b> D254680 Date of Disbursement 12 / 14 / 2010	
	Mailing Address PO Box 681911		Amount of Each Disbursement this Period 250.00
	City San Antonio State TX Zip Code 78168		
	Purpose of Disbursement Non-Federal Contribution		
	Candidate Name	Category/ Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) <b>Joe Farias Campaign</b>	<b>Transaction ID:</b> D254201 Date of Disbursement 12 / 31 / 2010	
	Mailing Address 211 Shrine		Amount of Each Disbursement this Period -250.00
	City San Antonio State TX Zip Code 78221		
	Purpose of Disbursement 9/25/09 contribution check lost		
	Candidate Name	Category/ Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

15000.00

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