

**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 69 OF 70			
	<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)  
**Clarke for Congress**

Full Name (Last, First, Middle Initial) <b>A. HORSFORD FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 6100 Elton Ave Ste 1000		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : D522603</b>
City Las Vegas	State NV Zip Code 89107-0123	
Purpose of Disbursement Political contribution	Category/Type 011	
Candidate Name <b>Steven A Horsford</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NV District: 04		

Full Name (Last, First, Middle Initial) <b>B. Rangel for Congress</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address PO Box 5577 MANHATTANVILLE STA		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : D522602</b>
City New York	State NY Zip Code 10027-5570	
Purpose of Disbursement Political contribution	Category/Type 011	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		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	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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2000.00
<b>TOTAL</b> This Period (last page this line number only).....	2000.00