

**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 71 OF 72
	<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)  
**Castor for Congress**

Full Name (Last, First, Middle Initial) <b>A. Alex Sink for Congress</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2014
Mailing Address PO BOX 17271		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : D337197</b>
City CLEARWATER State FL Zip Code 33762	Purpose of Disbursement Contribution	
Candidate Name <b>ALEX SINK</b>	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 13	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Alex Sink for Congress</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 08 / 2014
Mailing Address PO BOX 17271		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : D337168</b>
City CLEARWATER State FL Zip Code 33762	Purpose of Disbursement Contribution	
Candidate Name <b>ALEX SINK</b>	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 13	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. Democratic Congressional Campaign Committee</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2014
Mailing Address 430 S Capitol Street, S.E.		Amount of Each Disbursement this Period 15000.00 <b>Transaction ID : D337186</b>
City Washington State DC Zip Code 20003	Purpose of Disbursement Contribution	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	17000.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]