

**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)  
**CMR Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Doug Ose For Congress**

Mailing Address 9321 Silverbend Lane

City Elk Grove State CA Zip Code 95624-3985

Purpose of Disbursement  
Committee Contribution

011

Candidate Name

**Doug Ose**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CA District: 07

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 23 / 2014

Transaction ID : **SB23-856-1064-e**

Amount of Each Disbursement this Period

2000

Full Name (Last, First, Middle Initial)

**B. Friends Of Dan Logue**

Mailing Address PO Box 984

City Willows State CA Zip Code 95988-0984

Purpose of Disbursement  
Committee Contribution

011

Candidate Name

**Daniel Logue**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CA District: 03

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 23 / 2014

Transaction ID : **SB23-859-1063-e**

Amount of Each Disbursement this Period

2000

Full Name (Last, First, Middle Initial)

**C. Friends of David Jolly**

Mailing Address PO Box 1158

City Indian Rocks Beach State FL Zip Code 33785-1158

Purpose of Disbursement  
Committee Contribution

011

Candidate Name

**David W. Jolly**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: FL District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2014

Transaction ID : **SB23-777-1099-e**

Amount of Each Disbursement this Period

1000

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

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

5000.00