

**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 9 OF 12
	<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)
Ron Barber for Congress

Full Name (Last, First, Middle Initial) A. A WHOLE LOT OF PEOPLE FOR GRIJALVA CONGRESSIONAL COMMITTEE		Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2016
Mailing Address PO Box 1242		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Memo Item Transaction ID : VNTTW9T5B46
City Tucson State AZ Zip Code 85702-1242	Purpose of Disbursement Contribution Category/Type	
Candidate Name RAUL M GRIJALVA	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 07		

Full Name (Last, First, Middle Initial) B. Autism Society of Southern Arizona		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2016
Mailing Address 2600 N Wyatt Dr		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Memo Item Transaction ID : VNTTW9SSWDO
City Tucson State AZ Zip Code 85712-6106	Purpose of Disbursement Donation Category/Type	
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) C. Integrative Touch for Kids		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2016
Mailing Address 5675 N Oracle Rd Ste 3201		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Memo Item Transaction ID : VNTTW9T5AE2
City Tucson State AZ Zip Code 85704-3884	Purpose of Disbursement Donation Category/Type	
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	_____