

**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 116 OF 119	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
MICA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mrs. Forough Hosseini		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 1116 Oxbridge Lane		Amount of Each Disbursement this Period 2300.00 Transaction ID : 0036131
City Ormond Beach	State FL	
Zip Code 32174	Purpose of Disbursement REFUND TO INDIVIDUAL	Category/ Type 010
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. Mr. Morteza H. Hosseini		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 1116 Oxbridge Lane		Amount of Each Disbursement this Period 2300.00 Transaction ID : 0036132
City Ormond Beach	State FL	
Zip Code 32174	Purpose of Disbursement REFUND TO INDIVIDUAL	Category/ Type 010
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) C.		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:	

SUBTOTAL of Disbursements This Page (optional).....	4600.00
TOTAL This Period (last page this line number only).....	4600.00