

**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 12 OF 13
	<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)
Gallegly for Congress

Full Name (Last, First, Middle Initial) A. Lavagnino for Supervisor 2014		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2014
Mailing Address 908 Speed Street		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB21.31343
City Santa Maria State CA Zip Code 93454	Purpose of Disbursement Contribution	
Candidate Name	Category/Type	
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:		

Full Name (Last, First, Middle Initial) B. PABLO KLEINMAN FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2014
Mailing Address 525 E. SEASIDE WAY, #101-C		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB21.31377
City LONG BEACH State CA Zip Code 90802	Purpose of Disbursement Contribution	
Candidate Name	Category/Type	
Office Sought: <input checked="" 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: CA District: 30		

Full Name (Last, First, Middle Initial) c. Simi Valley Police Foundation		Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2014
Mailing Address P.O. Box 715		Amount of Each Disbursement this Period 200.00 Transaction ID : SB21.31358
City Simi Valley State CA Zip Code 93062-0715	Purpose of Disbursement Donation	
Candidate Name	Category/Type	
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).....	3200.00
TOTAL This Period (last page this line number only).....	3200.00