

**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)
Gridiron-PAC

Full Name (Last, First, Middle Initial)

A. BARBARA LEE FOR CONGRESS

Mailing Address 449 FIFTEENTH STREET
SUITE 403

City OAKLAND State CA Zip Code 94612

Purpose of Disbursement
Contribution

011

Candidate Name

BARBARA LEE

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 13

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 27 / 2013

Transaction ID : **SB23.6627**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. BILIRAKIS FOR CONGRESS

Mailing Address PO BOX 606

City TARPON SPRINGS State FL Zip Code 34688

Purpose of Disbursement
Contribution

011

Candidate Name

GUS M BILIRAKIS

Category/
Type

Office Sought: House
 Senate
 President
State: FL District: 12

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 23 / 2013

Transaction ID : **SB23.6673**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. BILL SHUSTER FOR CONGRESS

Mailing Address PO BOX 27

City HOLLIDAYSBURGH State PA Zip Code 16648

Purpose of Disbursement
Contribution

011

Candidate Name

WILLIAM MR. SHUSTER

Category/
Type

Office Sought: House
 Senate
 President
State: PA District: 09

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 23 / 2013

Transaction ID : **SB23.6684**

Amount of Each Disbursement this Period

5000.00

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

9000.00

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