

**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 7 OF 9	
	<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)
FRIENDS OF BUD CRAMER

Full Name (Last, First, Middle Initial) A. FRIENDS OF PATRICK MURPHY		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2014
Mailing Address 4521 PGA BLVD. #412		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB21.5440
City PALM BEACH GARDENS	State FL	
Zip Code 33418	Purpose of Disbursement political contribution	Category/ Type 011
Candidate Name	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: FL District: 18	

Full Name (Last, First, Middle Initial) B. FRIENDS OF ROSA DELAURO		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2014
Mailing Address 12 TRUMBULL STREET		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB21.5427
City NEW HAVEN	State CT	
Zip Code 06511	Purpose of Disbursement political contribution	Category/ Type 011
Candidate Name	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: CT District: 03	

Full Name (Last, First, Middle Initial) C. GRAHAM FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2014
Mailing Address PO BOX 310		Amount of Each Disbursement this Period 500.00 Transaction ID : SB21.5424
City TALLAHASSEE	State FL	
Zip Code 32302	Purpose of Disbursement contribution to candidate commtee	Category/ Type 011
Candidate Name	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: FL District: 02	

SUBTOTAL of Disbursements This Page (optional).....	2500.00
TOTAL This Period (last page this line number only).....	