

**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)

PAGE 1 OF

<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)  
**CONSUMER FIREWORKS SAFETY ASSOCIATION POLITICAL ACTION COMMITTEE--  
FEDERAL ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. People for Patty Murray**

Date of Disbursement

MM	DD	YYYY
05	29	2014

Mailing Address

712 35th Avenue

City

Seattle

State

Washington

Zip Code

98122

Purpose of Disbursement

campaign fund contribution

011

Candidate Name

Patty Murray

Category/  
Type

Amount of Each Disbursement this Period

250.00

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State: WA

District: Senate

Full Name (Last, First, Middle Initial)

**B. Adam Smith for Congress Committee**

Date of Disbursement

MM	DD	YYYY
06	02	2014

Mailing Address

P O Box 578

City

Renton

State

Washington

Zip Code

98057

Purpose of Disbursement

campaign fund contribution

011

Candidate Name

Adam Smith

Category/  
Type

Amount of Each Disbursement this Period

500.00

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State: WA

District: 9

Full Name (Last, First, Middle Initial)

**C. Ikaika for Congress**

Date of Disbursement

MM	DD	YYYY
06	18	2014

Mailing Address

P O Box 862

City

Honolulu

State

Hawaii

Zip Code

96808

Purpose of Disbursement

campaign fund contribution

011

Candidate Name

Ikaika Anderson

Category/  
Type

Amount of Each Disbursement this Period

500.00

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State: HI

District: 1

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

1,250.00

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

1,250.00