

**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 140 OF 140	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Dave Reichert

Full Name (Last, First, Middle Initial) A. WELLS FARGO		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2014
Mailing Address PO BOX 6995		Amount of Each Disbursement this Period 14.50
City PORTLAND	State OR	
Zip Code 97228-6995	Purpose of Disbursement BANK FEE	Transaction ID : SB17.I7524
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. KING COUNTY REPUBLICAN PARTY		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2014
Mailing Address 845 106TH AVE NE STE 110		Amount of Each Disbursement this Period 600.00
City BELLEVUE	State WA	
Zip Code 98004-4308	Purpose of Disbursement TICKETS TO EVENTS	Transaction ID : SB17.I7363
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) C. WASHINGTON STATE REPUBLICAN PARTY		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 2840 NORTHUP WAY STE 140		Amount of Each Disbursement this Period 675.00
City BELLEVUE	State WA	
Zip Code 98004-1433	Purpose of Disbursement EVENT SPONSORSHIP	Transaction ID : SB17.I7463
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).....	1289.50
TOTAL This Period (last page this line number only).....	95532.11