

**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)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>BILIRAKIS FOR CONGRESS</b>	<b>Transaction ID:</b> SB23-0.011767																				
	Mailing Address <b>610 S BLVD</b>	Date of Disbursement <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>1</td><td>/</td><td>1</td><td>4</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1	/	1	4	/	2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y												
	0	1	/	1	4	/	2	0	1	0												
City <b>TAMPA</b> State <b>FL</b> Zip Code <b>33606</b>	Amount of Each Disbursement this Period <table border="1"><tr><td>32.78</td></tr></table>	32.78																				
32.78																						
Purpose of Disbursement <b>INKIND-FUNDRAISING CONSULTING</b> Candidate Name <b>GUS MICHAEL BILIRAKIS</b> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>FL</b> District: <b>09</b> Disbursement For: <b>2010</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type <table border="1"><tr><td></td></tr></table> <b>[MEMO ITEM]</b>																					

<b>B.</b>	Full Name (Last, First, Middle Initial) <b>BILL CASSIDY FOR CONGRESS</b>	<b>Transaction ID:</b> SB23-0.011768																				
	Mailing Address <b>3482 DRUSILLA LN STE 1</b>	Date of Disbursement <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>1</td><td>/</td><td>1</td><td>4</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1	/	1	4	/	2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y												
	0	1	/	1	4	/	2	0	1	0												
City <b>BATON ROUGE</b> State <b>LA</b> Zip Code <b>70809</b>	Amount of Each Disbursement this Period <table border="1"><tr><td>32.78</td></tr></table>	32.78																				
32.78																						
Purpose of Disbursement <b>INKIND-FUNDRAISING CONSULTING</b> Candidate Name <b>WILLIAM CASSIDY</b> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>LA</b> District: <b>06</b> Disbursement For: <b>2010</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type <table border="1"><tr><td></td></tr></table> <b>[MEMO ITEM]</b>																					

<b>C.</b>	Full Name (Last, First, Middle Initial) <b>BILL SHUSTER FOR CONGRESS</b>	<b>Transaction ID:</b> SB23-0.011770																				
	Mailing Address <b>PO BOX 27</b>	Date of Disbursement <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>1</td><td>/</td><td>1</td><td>4</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1	/	1	4	/	2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y												
	0	1	/	1	4	/	2	0	1	0												
City <b>HOLLIDAYSBURG</b> State <b>PA</b> Zip Code <b>16648</b>	Amount of Each Disbursement this Period <table border="1"><tr><td>32.78</td></tr></table>	32.78																				
32.78																						
Purpose of Disbursement <b>INKIND-FUNDRAISING CONSULTING</b> Candidate Name <b>WILLIAM SHUSTER</b> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>PA</b> District: <b>09</b> Disbursement For: <b>2010</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type <table border="1"><tr><td></td></tr></table> <b>[MEMO ITEM]</b>																					

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>0.00</td></tr></table>	0.00
0.00		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	