

**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)

| | | | |
|------------------------------|------------------------------|------------------------------|--|
| <input type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input checked="" type="checkbox"/> 21 |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Mike Pence Committee

| | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|---|---------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Full Name (Last, First, Middle Initial) A. Principles Exalt a Nation PAC | | Transaction ID: 50413.E8152 | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address P.O. Box 1131 | | Date of Disbursement | | | | | | | | | | | | | | | | | | | | | |
| City Anderson State IN Zip Code 46015- | | <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>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table> | | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 1 | / | 1 | 1 | / | 2 | 0 | 0 | 5 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 0 | 1 | / | 1 | 1 | / | 2 | 0 | 0 | 5 | | | | | | | | | | | | | | |
| Purpose of Disbursement political contribution | | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name | | <table border="1"> <tr> <td colspan="10">5000.00</td> </tr> </table> | | 5000.00 | | | | | | | | | | | | | | | | | | | |
| 5000.00 | | | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | | | | | | | | | | | | | | | | | | | | | |
| State: District: | | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | | |
| | | Category/Type <table border="1"> <tr> <td colspan="2">011</td> </tr> </table> | | 011 | | | | | | | | | | | | | | | | | | | |
| 011 | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|---|---------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Full Name (Last, First, Middle Initial) B. Henry County Republicans | | Transaction ID: 50413.E8153 | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 225 South 11th Street | | Date of Disbursement | | | | | | | | | | | | | | | | | | | | | |
| City New Castle State IN Zip Code 47362-4616 | | <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>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table> | | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 1 | / | 1 | 2 | / | 2 | 0 | 0 | 5 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 0 | 1 | / | 1 | 2 | / | 2 | 0 | 0 | 5 | | | | | | | | | | | | | | |
| Purpose of Disbursement non fed. political contribution | | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name | | <table border="1"> <tr> <td colspan="10">1500.00</td> </tr> </table> | | 1500.00 | | | | | | | | | | | | | | | | | | | |
| 1500.00 | | | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | | | | | | | | | | | | | | | | | | | | | |
| State: District: | | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | | |
| | | Category/Type <table border="1"> <tr> <td colspan="2">011</td> </tr> </table> | | 011 | | | | | | | | | | | | | | | | | | | |
| 011 | | | | | | | | | | | | | | | | | | | | | | | |

| | | | |
|--|---|---|---------|
| SUBTOTAL of Disbursements This Page (optional) | ▶ | <table border="1"><tr><td>6500.00</td></tr></table> | 6500.00 |
| 6500.00 | | | |
| TOTAL This Period (last page this line number only) | ▶ | <table border="1"><tr><td>6500.00</td></tr></table> | 6500.00 |
| 6500.00 | | | |