

**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 51 OF 91			
	<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)  
**Rick W. Allen for Congress**

Full Name (Last, First, Middle Initial) <b>A. National Republican Congressional Committee</b>		Date of Disbursement M M / D D / Y Y Y Y <b>07 / 06 / 2015</b>
Mailing Address <b>320 1st St SE</b>		Amount of Each Disbursement this Period <b>3750.00</b> Transaction ID : <b>BF9D457E29F7B435BB36</b>
City <b>Washington</b> State <b>DC</b> Zip Code <b>20003-1838</b>	Purpose of Disbursement <b>Dues</b> Category/Type <b>001</b>	
Candidate Name <b>National Republican Congressional Committee</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <b>2016</b>	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. Richard W Allen</b>		Date of Disbursement M M / D D / Y Y Y Y <b>07 / 06 / 2015</b>
Mailing Address <b>2237 Pickens Rd</b>		Amount of Each Disbursement this Period <b>304.56</b> Transaction ID : <b>B13551466A3C34EB6B84</b>
City <b>Augusta</b> State <b>GA</b> Zip Code <b>30904-4462</b>	Purpose of Disbursement <b>Expense Reimbursement: Meals/Travel-No vendors require itemization</b> Category/Type <b>001</b>	
Candidate Name <b>Richard W Allen</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <b>2016</b>	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>GA</b> District: <b>12</b>		

Full Name (Last, First, Middle Initial) <b>c. Capitol Response</b>		Date of Disbursement M M / D D / Y Y Y Y <b>07 / 06 / 2015</b>
Mailing Address <b>2700 Cumberland Parkway, Suite 150</b>		Amount of Each Disbursement this Period <b>4009.52</b> Transaction ID : <b>B5C0CDAF121A6488783F</b>
City <b>Atlanta</b> State <b>GA</b> Zip Code <b>30339-3321</b>	Purpose of Disbursement <b>Compliance Consulting</b> Category/Type <b>001</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <b>2016</b>	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____ District: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>8064.08</b>
<b>TOTAL</b> This Period (last page this line number only).....	