

**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)
GOH CONSERVATIVE PAC/LOUIEPAC

Full Name (Last, First, Middle Initial)

A. BACHMANN FOR CONGRESS

Mailing Address PO BOX 25950

City State Zip Code
WOODBURY MN 55125

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

BACHMANN FOR CONGRESS

Category/
Type

Office Sought: House
 Senate
 President
State: MN District: 06

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 01 / 2012

Transaction ID : **SB23.4305**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. KAREN HARRINGTON FOR CONGRESS, INC.

Mailing Address 2000 NW 150TH AVE
SUITE 2120

City State Zip Code
PEMBROKE PINES FL 33028

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

KAREN HARRINGTON FOR CONGRESS, INC.

Category/
Type

Office Sought: House
 Senate
 President
State: FL District: 23

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 01 / 2012

Transaction ID : **SB23.4302**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. TODD AKIN FOR SENATE

Mailing Address PO BOX 31222

City State Zip Code
ST LOUIS MO 63131

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

W TODD AKIN

Category/
Type

Office Sought: House
 Senate
 President
State: MO District: 00

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 01 / 2012

Transaction ID : **SB23.4299**

Amount of Each Disbursement this Period

2500.00

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

6000.00

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

6000.00