

**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)
Rock City PAC

Full Name (Last, First, Middle Initial)

A. Berg for Senate

Mailing Address P.O. Box 9394

City Fargo State ND Zip Code 58106-

Purpose of Disbursement
CONTRIBUTION

Candidate Name
RICHARD A BERG

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	0		2	0	1	2

Transaction ID : 20924.E6572

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. Jeff Flake for US Senate, Inc.

Mailing Address PO Box 12512

City Tempe State AZ Zip Code 85284-

Purpose of Disbursement
CONTRIBUTION

Candidate Name
JEFF FLAKE

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	6		2	0	1	2

Transaction ID : 20824.E6462

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. Huckaby Davis Lisker

Mailing Address 228 S Washington St Ste 115

City Alexandria State VA Zip Code 22314-5404

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼
Rock City PAC

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	2

Transaction ID : 21010.E6681

Amount of Each Disbursement this Period

9	9	3	5	0	0	0	0	0	0
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COMPLIANCE CONSULTING

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

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

1	0	9	9	3	5	0	0	0	0
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1	0	9	9	3	5	0	0	0	0
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