

**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 44 OF 50	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Committee to Re-elect Henry Hank Johnson

Full Name (Last, First, Middle Initial) A. Committee to Re-Elect Gregory A. Adams		Date of Disbursement M M / D D / Y Y Y Y 10 / 12 / 2011
Mailing Address P O Box 2432		Amount of Each Disbursement this Period 250.00 Transaction ID : D366076
City Tucker	State GA	
Zip Code 30085	Purpose of Disbursement Non-Federal Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. MIKE HONDA FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2011
Mailing Address C/O CONTRIBUTION SOLUTIONS, LLC 123 E. SAN CARLOS ST., #531		Amount of Each Disbursement this Period 1000.00 Transaction ID : D366106
City SAN JOSE	State CA	
Zip Code 95112	Purpose of Disbursement Contribution	Category/ Type
Candidate Name MIKE HONDA	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: CA District: 17	

Full Name (Last, First, Middle Initial) c. Democratic Congressional Campaign Committee		Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2011
Mailing Address 430 South Capitol St SE		Amount of Each Disbursement this Period 5000.00 Transaction ID : D366674
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Unlimited transfer to national party committee	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	6250.00
TOTAL This Period (last page this line number only).....	6250.00