

**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)

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<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)
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial) A. American Express		Transaction ID: SB23.35847 Date of Disbursement																				
Mailing Address PO Box 1270		<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>4</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	0		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		1	0		2	0	0	6													
City Newark	State NJ	Zip Code 07101-1270																				
Purpose of Disbursement In Kind Contribution - Travel Expenses		Amount of Each Disbursement this Period																				
Candidate Name CALIFORNIA REPUBLICAN PARTY		<table border="1"><tr><td>650.43</td></tr></table>	650.43																			
650.43																						
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:	Category/Type <table border="1"><tr><td>011</td></tr></table>		011																			
011																						

Full Name (Last, First, Middle Initial) B. Coastal Helicopters		Transaction ID: SB23.35847.0 Date of Disbursement																				
Mailing Address 12653 Osborne Street		<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>4</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	0		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		1	0		2	0	0	6													
City Pacoima	State CA	Zip Code 91331																				
Purpose of Disbursement In Kind Contribution - Airfare		Amount of Each Disbursement this Period																				
Candidate Name CALIFORNIA REPUBLICAN PARTY		<table border="1"><tr><td>437.50</td></tr></table>	437.50																			
437.50																						
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:	Category/Type <table border="1"><tr><td>011</td></tr></table>		011																			
011																						

[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. Carey International		Transaction ID: SB23.35847.1 Date of Disbursement																				
Mailing Address 520 North Capitol Street		<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>4</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	0		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		1	0		2	0	0	6													
City Washington	State DC	Zip Code 20001																				
Purpose of Disbursement In Kind Contribution - Local Travel		Amount of Each Disbursement this Period																				
Candidate Name CALIFORNIA REPUBLICAN PARTY		<table border="1"><tr><td>153.31</td></tr></table>	153.31																			
153.31																						
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:	Category/Type <table border="1"><tr><td>011</td></tr></table>		011																			
011																						

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>650.43</td></tr></table>	650.43
650.43		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td> </td></tr></table>	