

**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 76 OF 76	
	<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)  
**Mario Diaz-Balart for Congress**

Full Name (Last, First, Middle Initial) <b>A. Michael Grimm for Congress</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 01 / 2012</b>
Mailing Address <b>PO Box 270</b>		Amount of Each Disbursement this Period <b>1000</b> <b>Transaction ID : B-E-8822</b>
City <b>Staten Island</b> State <b>NY</b> Zip Code <b>10310-0270</b>	Purpose of Disbursement <b>campaign contribution</b> <input type="checkbox"/> 011 Category/Type	
Candidate Name <b>Michael Grimm</b>	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: <b>NY</b> District: <b>13</b>		

Full Name (Last, First, Middle Initial) <b>B. National Republican Congressional Comm.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 30 / 2012</b>
Mailing Address <b>320 1st Street SE</b>		Amount of Each Disbursement this Period <b>2567.44</b> <b>Transaction ID : B-E-8845</b>
City <b>Washington</b> State <b>DC</b> Zip Code <b>20003-1838</b>	Purpose of Disbursement <b>Political Contribution: travel cost</b> <input type="checkbox"/> 011 Category/Type	
Candidate Name <b>National Republican Congressional Comm.</b>	Office Sought: <input type="checkbox"/> House <input checked="" 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>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement <input type="checkbox"/> 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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>3567.44</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>3567.44</b>