

**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 12 OF 12
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Mike Pence Committee

Full Name (Last, First, Middle Initial) A. Indiana State Republican Committee		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2012
Mailing Address 47 S. Meridian Street, Ste. 200		Amount of Each Disbursement this Period 25000.00 Transaction ID : B4352FCE3BAFE4780BDF
City Indianapolis State IN Zip Code 46204	Purpose of Disbursement 011 Transfer surplus funds	
Candidate Name	Category/Type	
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. Hoosiers for Richard Mourdock, Inc.		Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2012
Mailing Address PO Box 1538		Amount of Each Disbursement this Period 2000.00 Transaction ID : B18DFF3D9F7FA4A71B35
City Indianapolis State IN Zip Code 46206	Purpose of Disbursement 011 political contribution	
Candidate Name Richard Mourdock	Category/Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IN District:		

Full Name (Last, First, Middle Initial) C.		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	
Candidate Name	Category/Type	
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).....	27000.00
TOTAL This Period (last page this line number only).....	27000.00