

**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 81 OF 83		
	<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)
Valadao for Congress

Full Name (Last, First, Middle Initial) A. National Republican Congressional Committee		Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2012
Mailing Address 320 1st Street Southeast		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB21.E1521391
City Washington State DC Zip Code 20003	Purpose of Disbursement 012 Category/Type	
Candidate Name National Republican Congressional Committee	Office Sought: <input type="checkbox"/> House <input 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: _____ District: _____		

Full Name (Last, First, Middle Initial) 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 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: _____		

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 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)	5000.00
TOTAL This Period (last page this line number only)	5000.00