

**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 28 OF 28 | | | |
| | <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)
CITIZENS TO ELECT PHIL ROE TO CONGRESS

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. McSally For Congress | | Date of Disbursement MM / DD / YYYY 06 / 30 / 2016 |
| Mailing Address PO Box 19128 | | Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Memo Item Transaction ID : B9564516D14994B14AE1 |
| City Washington | State DC | |
| Zip Code 20036-9128 | Purpose of Disbursement Contribution | |
| | 011 Category/ Type | |
| Candidate Name Martha McSally | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: AZ District: 02 | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Tennessee Republican Party | | Date of Disbursement MM / DD / YYYY 05 / 13 / 2016 |
| Mailing Address 2424 21st Avenue S | | Amount of Each Disbursement this Period 3900.00 <input type="checkbox"/> Memo Item Transaction ID : B99C3023FC2E04E439ED |
| City Nashville | State TN | |
| Zip Code 37212-5315 | Purpose of Disbursement Political Contribution | |
| | 011 Category/ Type | |
| Candidate Name Tennessee Republican Party | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. | | Date of Disbursement MM / DD / YYYY |
| Mailing Address | | Amount of Each Disbursement this Period <input type="checkbox"/> Memo Item |
| 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: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 5900.00 |
| TOTAL This Period (last page this line number only)..... | 5900.00 |