

**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 1 OF 4

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

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NAME OF COMMITTEE (In Full)

*Giannaros for Congress*

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM	DD	YYYY
09	07	2012

A. *Berkley For Senate*

Mailing Address

*7437 S. Eastern Ave, Suite 427*

City  
*Las Vegas*

State  
*NV*

Zip Code  
*89123*

Purpose of Disbursement

*Political Contribution*

011
Category/ Type

Candidate Name

*Shelley Berkley*

Office Sought:

<input type="checkbox"/> House
<input checked="" type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: *NV*

District:

Amount of Each Disbursement this Period

2000.00
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Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

*Titus For Congress*

Mailing Address

*P.O. Box 72454*

City  
*Las Vegas*

State  
*NV*

Zip Code  
*89170*

Purpose of Disbursement

*Political Contribution*

011
Category/ Type

Candidate Name

*Dina Titus*

Office Sought:

<input checked="" type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: *NV*

District: *1*

Date of Disbursement

MM	DD	YYYY
09	07	2012

Amount of Each Disbursement this Period

2000.00
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Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

C. *Freinds of John Sarbanes*

Mailing Address

*P.O. Box 6854*

City  
*Towson*

State  
*MD*

Zip Code  
*21285*

Purpose of Disbursement

*Political Contribution*

011
Category/ Type

Candidate Name

*John Sarbanes*

Office Sought:

<input checked="" type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: *MD*

District: *3*

Date of Disbursement

MM	DD	YYYY
09	07	2012

Amount of Each Disbursement this Period

2000.00
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Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional).....▶

6000.00
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TOTAL This Period (last page this line number only).....▶

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