

**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 23	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input 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)
BOB GOODLATTE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Robert W. Goodlatte		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2012
Mailing Address 5341 Fox Ridge Rd		Amount of Each Disbursement this Period 98.00 Transaction ID : BD03C7DA592B6408286A
City Roanoke	State VA	
Purpose of Disbursement Hostess Gift		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. U.S. Postmaster		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2012
Mailing Address Roanoke Road		Amount of Each Disbursement this Period 90.00 Transaction ID : B0E370472932D4654BBF
City Daleville	State VA	
Purpose of Disbursement Postage for Mailing		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) c. Virginia Dept of Taxation		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2012
Mailing Address P. O. Box 1500		Amount of Each Disbursement this Period 92.00 Transaction ID : BBA9EEDC28161458DBEC
City Richmond	State VA	
Purpose of Disbursement Withholding Tax		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional).....	290.00
TOTAL This Period (last page this line number only).....	