

**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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" 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 type="checkbox"/> 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)
Committee to Re-Elect Ron Paul

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Paypal | Transaction ID: 0620787 Date of Disbursement 03 / 05 / 2008 |
| | Mailing Address PO Box 45950 | Amount of Each Disbursement this Period 0.55 |
| | City Omaha State NE Zip Code 68145 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Service Charge Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | 001 Category/Type |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) National Republican Congressional Comm. | Transaction ID: 0620928 Date of Disbursement 03 / 06 / 2008 |
| | Mailing Address 320 First St SE | Amount of Each Disbursement this Period 25000.00 |
| | City Washington State DC Zip Code 20003 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Membership Dues Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | 001 Category/Type |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Paypal | Transaction ID: 0620784 Date of Disbursement 03 / 06 / 2008 |
| | Mailing Address PO Box 45950 | Amount of Each Disbursement this Period 1.55 |
| | City Omaha State NE Zip Code 68145 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Service Charge Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | 001 Category/Type |

| | |
|--|-----------------|
| SUBTOTAL of Disbursements This Page (optional) | 25002.10 |
| TOTAL This Period (last page this line number only) | |