

**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 5 OF 5	
	<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)
BASS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial) A. NEW HAMPSHIRE REPUBLICAN STATE COMMITTEE		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2016
Mailing Address 10 WATER STREET		Amount of Each Disbursement this Period 5000.00
City CONCORD	State NH	
Zip Code 03301	Purpose of Disbursement TRANSFER TO STATE COMMITTEE	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB21.4165
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) B. RICH ASHOOH COMMITTEE		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2016
Mailing Address PO BOX 10534		Amount of Each Disbursement this Period 500.00
City BEDFORD	State NH	
Zip Code 03110	Purpose of Disbursement FEDERAL CONTRIBUTION (NH-01)	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB21.4168
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: NH District: 01		

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	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
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).....	5500.00
TOTAL This Period (last page this line number only).....	5500.00