

**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 73 OF 74	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" 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)
John Campbell For Congress

Full Name (Last, First, Middle Initial) A. Natl Republican Congressional Committee		Date of Disbursement MM / DD / YYYY 02 / 09 / 2012
Mailing Address 320 1st Street SE		Amount of Each Disbursement this Period 100500 Transaction ID : B-E-12856
City Washington State DC Zip Code 20003-1838	Purpose of Disbursement Transfer for Excess Funds Category/Type 011	
Candidate Name Natl Republican Congressional Committee	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. California Republican Party		Date of Disbursement MM / DD / YYYY 03 / 01 / 2012
Mailing Address 1903 W Magnolia Boulevard		Amount of Each Disbursement this Period 350 Transaction ID : B-E-13149
City Burbank State CA Zip Code 91506-1727	Purpose of Disbursement Political Contribution Category/Type 011	
Candidate Name California Republican Party	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <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
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	100850.00
TOTAL This Period (last page this line number only).....	100850.00