

**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 46 OF 46
	<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)
Committee to Re-Elect Ron Paul

Full Name (Last, First, Middle Initial) A. Justin Amash for Congress		Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2011
Mailing Address 1500 E Beltline Ave SE, Ste 250		Amount of Each Disbursement this Period 2000.00 Transaction ID : 0856387
City Grand Rapids	State MI	
Zip Code 49506	Purpose of Disbursement Federal Contribution	Category/ Type 011
Candidate Name Justin Amash	Office Sought: <input checked="" 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: MI District: 03	

Full Name (Last, First, Middle Initial) B. Justin Amash for Congress		Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2011
Mailing Address 1500 E Beltline Ave SE, Ste 250		Amount of Each Disbursement this Period 2000.00 Transaction ID : 0856388
City Grand Rapids	State MI	
Zip Code 49506	Purpose of Disbursement Federal Contribution	Category/ Type 011
Candidate Name Justin Amash	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MI District: 03	

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	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).....	4000.00
TOTAL This Period (last page this line number only).....	5800.00