

**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 229 OF 229			
	<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)
Walden for Congress

Full Name (Last, First, Middle Initial) A. Oregon Republican Party		Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2013
Mailing Address PO Box 1586		Amount of Each Disbursement this Period 2500 Transaction ID : B-E-38844
City Lake Oswego	State OR	
Zip Code 97035-0786	Purpose of Disbursement contribution 011	
Candidate Name Oregon Republican Party	Category/Type	
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. Chris Christie for Governor		Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2013
Mailing Address 1065 US Highway 22 Suite 3D		Amount of Each Disbursement this Period 1000 Transaction ID : B-E-38831
City Bridgewater	State NJ	
Zip Code 08807-2949	Purpose of Disbursement contribution: state race 011	
Candidate Name Chris Christie	Category/Type	
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.		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	
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).....	3500.00
TOTAL This Period (last page this line number only).....	3500.00