

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Outdoor Advertising Association of America Political Action Committee

Full Name (Last, First, Middle Initial)

A. EDDIE BERNICE JOHNSON FOR CONGRESS

Mailing Address 3102 MAPLE AVENUE, SUITE 605

City DALLAS State TX Zip Code 75201

Purpose of Disbursement
Contribution

Candidate Name

EDDIE BERNICE JOHNSON

Office Sought: House
 Senate
 President
State: TX District: 30

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	24	/	2012

Transaction ID : SB23.8025

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF CHERI BUSTOS

Mailing Address P.O. BOX 77

City EAST MOLINE State IL Zip Code 61244

Purpose of Disbursement
Contribution

Candidate Name

CHERI BUSTOS

Office Sought: House
 Senate
 President
State: IL District: 17

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	19	/	2012

Transaction ID : SB23.8043

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF JOHN DELANEY

Mailing Address PO BOX 60320

City POTOMAC State MD Zip Code 20854

Purpose of Disbursement
Contribution

Candidate Name

JOHN K DELANEY

Office Sought: House
 Senate
 President
State: MD District: 06

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	10	/	2012

Transaction ID : SB23.8036

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

4000.00

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

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