

**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)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. JUDY BIGGERT FOR CONGRESS**

Mailing Address PO BOX 637

City HINSDALE State IL Zip Code 60522

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**JUDY BIGGERT**

Office Sought:  House  
 Senate  
 President  
State: IL District: 11

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2012

Transaction ID : SB23-0.024011

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. PLUMMER FOR CONGRESS**

Mailing Address PO BOX 1272

City O'FALLON State IL Zip Code 62269

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**JASON PLUMMER**

Office Sought:  House  
 Senate  
 President  
State: IL District: 12

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
03 / 20 / 2012

Transaction ID : SB23-0.024345

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

10000.00

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

35000.00