

**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)

The Eye of the Tiger Political Action Committee

Full Name (Last, First, Middle Initial)

A. Az-08 Nominee Fund

Mailing Address 320 1st Street SE
Floor 2

City Washington State DC Zip Code 20003-1838

Purpose of Disbursement
Committee Contribution

011

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	9		2	0	1	2

Transaction ID : SB23-492-518-e

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
									1000

Full Name (Last, First, Middle Initial)

B. Bartlett For Congress Committee

Mailing Address PO Box 280

City Buckeystown State MD Zip Code 21717-0280

Purpose of Disbursement
Committee Contribution

011

Candidate Name

Category/
Type

Roscoe G. Rep. Bartlett

Office Sought: House Senate President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MD District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	8		2	0	1	2

Transaction ID : SB23-482-498-e

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
									500

Full Name (Last, First, Middle Initial)

C. Benishek For Congress, Inc.

Mailing Address PO Box 2012

City Kingsford State MI Zip Code 49802-2012

Purpose of Disbursement
Committee Contribution

011

Candidate Name

Category/
Type

Daniel J Benishek

Office Sought: House Senate President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	8		2	0	1	2

Transaction ID : SB23-486-501-e

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
									500

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

2	0	0	0	0	0	0	0	0	0
									2000.00

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

1	0	0	0	0	0	0	0	0	0
									2000.00