

**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 48 OF 49	
	<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)
JENKINS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		Date of Disbursement M M / D D / Y Y Y Y 05 / 24 / 2016
Mailing Address 320 FIRST STREET SE		Amount of Each Disbursement this Period 30000.00 <input type="checkbox"/> Memo Item Transaction ID : SB21.10683
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement POLITICAL CONTRIBUTION Category/Type 011	
Candidate Name NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) B. WEST VIRGINIA GOP		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2016
Mailing Address PO BOX 2711		Amount of Each Disbursement this Period 5000.00 <input type="checkbox"/> Memo Item Transaction ID : SB21.10692
City CHARLESTON State WV Zip Code 25330	Purpose of Disbursement POLITICAL CONTRIBUTION Category/Type 011	
Candidate Name WEST VIRGINIA GOP	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" 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 <input type="checkbox"/> Memo Item
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)	35000.00
TOTAL This Period (last page this line number only)	35000.00