

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines. 12FE4M5  
**Ron Barber for Congress**

ADDRESS (number and street) PO Box 57715  
 Check if different than previously reported. (ACC) Tucson AZ 85732

2. **FEC IDENTIFICATION NUMBER** ▼ C00512129 3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)  
CITY ▲ STATE ▲ ZIP CODE ▲ STATE ▼ DISTRICT  
AZ 02

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on M M / D D / Y Y Y Y in the State of    
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on M M / D D / Y Y Y Y in the State of  

5. Covering Period M M / D D / Y Y Y Y through M M / D D / Y Y Y Y  
11 / 27 / 2012 through 12 / 31 / 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Laura T. Almquist  
Signature of Treasurer Laura T. Almquist *[Electronically Filed]* Date M M / D D / Y Y Y Y  
01 / 31 / 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Ron Barber for Congress**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	2845.00	11087.38
(b) Total Contribution Refunds (from Line 20(d)) .....	11250.00	11250.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	-8405.00	-162.62
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	29989.04	45824.14
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	29989.04	45824.14
8. Cash on Hand at Close of Reporting Period (from Line 27).....	86068.66	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Ron Barber for Congress**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	750.00
(ii) Unitemized.....	345.00	634.00
(iii) TOTAL of contributions from individuals ▶	345.00	1384.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	2500.00	9703.38
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	2845.00	11087.38
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	3124.83	75922.61
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	5969.83	87009.99

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	29989.04	45824.14
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	1250.00	1250.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	10000.00	10000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	11250.00	11250.00
21. OTHER DISBURSEMENTS .....	12234.38	27292.26
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	53473.42	84366.40

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	133572.25
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	5969.83
25. SUBTOTAL (add Line 23 and Line 24).....	139542.08
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	53473.42
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	86068.66

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 33
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)  
**Ron Barber for Congress**

Full Name (Last, First, Middle Initial) POLITICAL ACTION COMMITTEE OF THE AMERICAN ASSOCIATION OF ORTHOPAEDIC SURGEONS		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 11 / 2012
A. Mailing Address 317 MASSACHUSETTS AVENUE, NE 1ST FLOOR		Transaction ID : C6753440
City WASHINGTON	State DC Zip Code 20002	
FEC ID number of contributing federal political committee. C C00343137	Amount of Each Receipt this Period 2500.00	
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00	

Full Name (Last, First, Middle Initial) B. NATIONAL VENTURE CAPITAL ASSOCIATION VENTUREPAC		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 18 / 2012
Mailing Address 1655 N. FORT MYER DR. SUITE 850		Transaction ID : C6754078
City ARLINGTON	State VA Zip Code 22209	
FEC ID number of contributing federal political committee. C C00150367	Amount of Each Receipt this Period -2000.00	
Name of Employer	Occupation	
Receipt For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Recount	Election Cycle-to-Date 2000.00	[MEMO ITEM] * Resignation of 11/26/12 contribution

Full Name (Last, First, Middle Initial) C. NATIONAL VENTURE CAPITAL ASSOCIATION VENTUREPAC		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 18 / 2012
Mailing Address 1655 N. FORT MYER DR. SUITE 850		Transaction ID : C6754079
City ARLINGTON	State VA Zip Code 22209	
FEC ID number of contributing federal political committee. C C00150367	Amount of Each Receipt this Period 2000.00	
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	[MEMO ITEM] * Resignation

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2500.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 33
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Ron Barber for Congress**

Full Name (Last, First, Middle Initial)  
INTERNATIONAL ASSOCIATION OF FIREFIGHTERS INTERESTED IN REGISTRATION AND EDUCATION PAC

A. Mailing Address 1750 NEW YORK AVE NW

City State Zip Code  
WASHINGTON DC 20006

FEC ID number of contributing federal political committee. **C** C00029447

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify) Recount  
 Election Cycle-to-Date  
 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 18 2012

Transaction ID : C6754080

Amount of Each Receipt this Period  
 -5000.00

**[MEMO ITEM]**  
\* Redesignation of 11/20/12 contribution

B. Full Name (Last, First, Middle Initial)  
INTERNATIONAL ASSOCIATION OF FIREFIGHTERS INTERESTED IN REGISTRATION AND EDUCATION PAC

Mailing Address 1750 NEW YORK AVE NW

City State Zip Code  
WASHINGTON DC 20006

FEC ID number of contributing federal political committee. **C** C00029447

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 18 2012

Transaction ID : C6754081

Amount of Each Receipt this Period  
 5000.00

**[MEMO ITEM]**  
\* Redesignation

C. Full Name (Last, First, Middle Initial)  
ENGINEERS POLITICAL EDUCATION COMMITTEE (EPEC)/INTERNATIONAL UNION OF OPERATING ENGINEERS

Mailing Address 1125 17TH ST, NW

City State Zip Code  
WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C** C00029504

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify) Recount  
 Election Cycle-to-Date  
 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 18 2012

Transaction ID : C6754084

Amount of Each Receipt this Period  
 -5000.00

**[MEMO ITEM]**  
\* Redesignation of 11/20/12 contribution

**SUBTOTAL** of Receipts This Page (optional)..... 0.00

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

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 33
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Ron Barber for Congress**

**A.** Full Name (Last, First, Middle Initial)  
ENGINEERS POLITICAL EDUCATION COMMITTEE (EPEC)/INTERNATIONAL UNION OF OPERATING ENGINEERS

Mailing Address 1125 17TH ST, NW

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00029504

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 18 / 2012

**Transaction ID : C6754085**

Amount of Each Receipt this Period  
 5000.00

**[MEMO ITEM]**  
\* Resignation

**B.** Full Name (Last, First, Middle Initial)  
**AMALGAMATED TRANSIT UNION - COPE**

Mailing Address 5025 WISCONSIN AVENUE N.W.

City WASHINGTON State DC Zip Code 20016

FEC ID number of contributing federal political committee. **C** C00032995

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify) Recount

Election Cycle-to-Date 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 18 / 2012

**Transaction ID : C6754088**

Amount of Each Receipt this Period  
 -5000.00

**[MEMO ITEM]**  
\* Resignation of 11/19/12 contribution

**C.** Full Name (Last, First, Middle Initial)  
**AMALGAMATED TRANSIT UNION - COPE**

Mailing Address 5025 WISCONSIN AVENUE N.W.

City WASHINGTON State DC Zip Code 20016

FEC ID number of contributing federal political committee. **C** C00032995

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 18 / 2012

**Transaction ID : C6754089**

Amount of Each Receipt this Period  
 5000.00

**[MEMO ITEM]**  
\* Resignation

**SUBTOTAL** of Receipts This Page (optional).....

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

0.00

2500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 33
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Ron Barber for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Arizona Democratic Central Executive Committee**

Mailing Address 2910 N Central Ave

City Phoenix State AZ Zip Code 85012-2704

FEC ID number of contributing federal political committee. **C** C00166710

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 18 / 2012

**Transaction ID : C6754250**

Amount of Each Receipt this Period  
 3124.83

Rent

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

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

3124.83

3124.83



**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 9 OF 33			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Ron Barber for Congress**

Full Name (Last, First, Middle Initial) <b>A. AZ Department of Revenue</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2012
Mailing Address PO Box 29032		Amount of Each Disbursement this Period 444.10 <b>Transaction ID : D486283</b>
City Phoenix	State AZ	
Zip Code 85038-9032	Purpose of Disbursement Payroll taxes	Category/ Type
Candidate Name	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>B. AZ Department of Revenue</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 14 / 2012
Mailing Address PO Box 29032		Amount of Each Disbursement this Period 71.40 <b>Transaction ID : D486374</b>
City Phoenix	State AZ	
Zip Code 85038-9032	Purpose of Disbursement Payroll taxes	Category/ Type
Candidate Name	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>C. AZ Department of Revenue</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2012
Mailing Address PO Box 29032		Amount of Each Disbursement this Period 28.56 <b>Transaction ID : D486375</b>
City Phoenix	State AZ	
Zip Code 85038-9032	Purpose of Disbursement Payroll taxes	Category/ Type
Candidate Name	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	544.06
<b>TOTAL</b> This Period (last page this line number only).....	

**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 10 OF 33			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Ron Barber for Congress**

Full Name (Last, First, Middle Initial) <b>A. Cartridge World</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2012
Mailing Address 4592 E Broadway Blvd		Amount of Each Disbursement this Period 394.10
City Tucson	State AZ	
Zip Code 85711-3510	Purpose of Disbursement Office supplies	Transaction ID : D486342
Candidate Name	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>B. Cox Communications</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2012
Mailing Address PO Box 53249		Amount of Each Disbursement this Period 880.79
City Phoenix	State AZ	
Zip Code 85072-3249	Purpose of Disbursement Telephone/Internet	Transaction ID : D486311
Candidate Name	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>C. Federal Express</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2012
Mailing Address PO Box 371461		Amount of Each Disbursement this Period 124.76
City Pittsburgh	State PA	
Zip Code 15250-7461	Purpose of Disbursement Shipping	Transaction ID : D486312
Candidate Name	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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1399.65
<b>TOTAL</b> This Period (last page this line number only).....	

**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 11 OF 33			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Ron Barber for Congress**

Full Name (Last, First, Middle Initial) <b>A. Federal Express</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2012
Mailing Address PO Box 371461		Amount of Each Disbursement this Period 76.51
City Pittsburgh	State PA	
Zip Code 15250-7461	Purpose of Disbursement Shipping	Transaction ID : D486313
Candidate Name	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>B. Federal Express</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2012
Mailing Address PO Box 371461		Amount of Each Disbursement this Period 34.89
City Pittsburgh	State PA	
Zip Code 15250-7461	Purpose of Disbursement Shipping	Transaction ID : D486314
Candidate Name	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>c. First Data</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2012
Mailing Address PO Box 6604		Amount of Each Disbursement this Period 112.60
City Hagerstown	State MD	
Zip Code 21741-6604	Purpose of Disbursement Credit card processing fees	Transaction ID : D486328
Candidate Name	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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	224.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 12 OF 33		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)  
**Ron Barber for Congress**

Full Name (Last, First, Middle Initial) <b>A. First Data</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2012
Mailing Address PO Box 6604		Amount of Each Disbursement this Period 434.10
City Hagerstown	State MD	
Zip Code 21741-6604	Purpose of Disbursement Credit card processing fees	Transaction ID : D486329
Candidate Name	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>B. First Data</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2012
Mailing Address PO Box 6604		Amount of Each Disbursement this Period 2101.72
City Hagerstown	State MD	
Zip Code 21741-6604	Purpose of Disbursement Credit card processing fees	Transaction ID : D486331
Candidate Name	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>c. Emily S Gray</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2012
Mailing Address 5927 Oakland Park Dr		Amount of Each Disbursement this Period 43.00
City Burke	State VA	
Zip Code 22015-2442	Purpose of Disbursement Travel (Gas, Parking)	Transaction ID : D486307
Candidate Name	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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2578.82
<b>TOTAL</b> This Period (last page this line number only).....	

**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 13 OF 33
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Ron Barber for Congress**

Full Name (Last, First, Middle Initial) <b>A. Emily S Gray</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2012
Mailing Address 5927 Oakland Park Dr		Amount of Each Disbursement this Period 42.50 <b>Transaction ID : D486308</b>
City Burke	State VA	
Zip Code 22015-2442	Purpose of Disbursement Event supplies	Category/ Type
Candidate Name	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>B. Emily S Gray</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2012
Mailing Address 5927 Oakland Park Dr		Amount of Each Disbursement this Period 542.58 <b>Transaction ID : D486321</b>
City Burke	State VA	
Zip Code 22015-2442	Purpose of Disbursement Salary	Category/ Type
Candidate Name	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>c. Emily S Gray</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2012
Mailing Address 5927 Oakland Park Dr		Amount of Each Disbursement this Period 50.00 <b>Transaction ID : D486322</b>
City Burke	State VA	
Zip Code 22015-2442	Purpose of Disbursement Health Insurance	Category/ Type
Candidate Name	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	635.08
<b>TOTAL</b> This Period (last page this line number only).....	

**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 14 OF 33			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Ron Barber for Congress**

Full Name (Last, First, Middle Initial) <b>A. Emily S Gray</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2012
Mailing Address 5927 Oakland Park Dr		Amount of Each Disbursement this Period 647.68 <b>Transaction ID : D486268</b>
City Burke	State VA	
Zip Code 22015-2442	Purpose of Disbursement Salary	Category/ Type
Candidate Name	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>B. Emily S Gray</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2012
Mailing Address 5927 Oakland Park Dr		Amount of Each Disbursement this Period 50.00 <b>Transaction ID : D486269</b>
City Burke	State VA	
Zip Code 22015-2442	Purpose of Disbursement Health Insurance	Category/ Type
Candidate Name	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>c. Emily S Gray</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 14 / 2012
Mailing Address 5927 Oakland Park Dr		Amount of Each Disbursement this Period 1295.36 <b>Transaction ID : D486303</b>
City Burke	State VA	
Zip Code 22015-2442	Purpose of Disbursement Salary	Category/ Type
Candidate Name	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1993.04
<b>TOTAL</b> This Period (last page this line number only).....	

**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 15 OF 33		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)  
**Ron Barber for Congress**

Full Name (Last, First, Middle Initial) <b>A. Emily S Gray</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 14 / 2012
Mailing Address 5927 Oakland Park Dr		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : D486304</b>
City Burke	State VA	
Zip Code 22015-2442	Purpose of Disbursement Health insurance	Category/ Type
Candidate Name	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>B. Laura Kepner-Adney</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2012
Mailing Address Silver Thread Trio 1050 N 11th Ave		Amount of Each Disbursement this Period 300.00 <b>Transaction ID : D486325</b>
City Tucson	State AZ	
Zip Code 85705	Purpose of Disbursement Event/Entertainment	Category/ Type
Candidate Name	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>c. Rodd C. McLeod</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2012
Mailing Address 205 W Portland St Unit 445C		Amount of Each Disbursement this Period 689.01 <b>Transaction ID : D486272</b>
City Phoenix	State AZ	
Zip Code 85003-5427	Purpose of Disbursement Salary	Category/ Type
Candidate Name	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1089.01
<b>TOTAL</b> This Period (last page this line number only).....	

**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 16 OF 33		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Ron Barber for Congress**

Full Name (Last, First, Middle Initial) <b>A. Molly Allen Associates</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2012
Mailing Address 1405 Woodman Avenue		Amount of Each Disbursement this Period 4000.00 <b>Transaction ID : D486333</b>
City Silver Spring	State MD	
Zip Code 20902	Purpose of Disbursement Fundraising consulting fee	Category/ Type
Candidate Name	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>B. Molly Allen Associates</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2012
Mailing Address 1405 Woodman Avenue		Amount of Each Disbursement this Period 142.97 <b>Transaction ID : D486334</b>
City Silver Spring	State MD	
Zip Code 20902	Purpose of Disbursement Postage and courier	Category/ Type
Candidate Name	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>C. Old Pueblo Printers</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2012
Mailing Address 255 South Stone Avenue		Amount of Each Disbursement this Period 542.23 <b>Transaction ID : D486309</b>
City Tucson	State AZ	
Zip Code 85701	Purpose of Disbursement Printing expense	Category/ Type
Candidate Name	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4685.20
<b>TOTAL</b> This Period (last page this line number only).....	



**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 17 OF 33			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Ron Barber for Congress**

Full Name (Last, First, Middle Initial) <b>A. Mark D. Prentice</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2012
Mailing Address 1736 T St NW Apt 1		Amount of Each Disbursement this Period 938.95 <b>Transaction ID : D486274</b>
City Washington	State DC	
Zip Code 20009-7138	Purpose of Disbursement Salary	Category/Type
Candidate Name	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>B. Mark D. Prentice</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2012
Mailing Address 1736 T St NW Apt 1		Amount of Each Disbursement this Period 50.00 <b>Transaction ID : D486277</b>
City Washington	State DC	
Zip Code 20009-7138	Purpose of Disbursement Health insurance	Category/Type
Candidate Name	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>c. Right Away Disposal</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 27 / 2012
Mailing Address PO Box 241		Amount of Each Disbursement this Period 350.00 <b>Transaction ID : D486264</b>
City Tucson	State AZ	
Zip Code 85142-1805	Purpose of Disbursement Office expense	Category/Type
Candidate Name	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1338.95
<b>TOTAL</b> This Period (last page this line number only).....	

**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 18 OF 33			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Ron Barber for Congress**

Full Name (Last, First, Middle Initial) <b>A. Jessica L. Schultz</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2012
Mailing Address 5026 E Hawthorne St		Amount of Each Disbursement this Period 5505.87 <b>Transaction ID : D486278</b>
City Tucson	State AZ	
Zip Code 85711-1228	Purpose of Disbursement Salary	Category/ Type
Candidate Name	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>B. Jessica L. Schultz</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2012
Mailing Address 5026 E Hawthorne St		Amount of Each Disbursement this Period 50.00 <b>Transaction ID : D486279</b>
City Tucson	State AZ	
Zip Code 85711-1228	Purpose of Disbursement Health insurance	Category/ Type
Candidate Name	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>c. Tucson Electric Power</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2012
Mailing Address PO Box 80077		Amount of Each Disbursement this Period 498.86 <b>Transaction ID : D486332</b>
City Prescott	State AZ	
Zip Code 86304-8077	Purpose of Disbursement Office utilities	Category/ Type
Candidate Name	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6054.73
<b>TOTAL</b> This Period (last page this line number only).....	

**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 19 OF 33	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Ron Barber for Congress**

Full Name (Last, First, Middle Initial) <b>A. United States Treasury</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2012
Mailing Address Internal Revenue Service		Amount of Each Disbursement this Period 4939.82 <b>Transaction ID : D486318</b>
City Ogden	State UT Zip Code 84201	
Purpose of Disbursement Payroll taxes	Candidate Name	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>B. United States Treasury</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 14 / 2012
Mailing Address Internal Revenue Service		Amount of Each Disbursement this Period 463.29 <b>Transaction ID : D486305</b>
City Ogden	State UT Zip Code 84201	
Purpose of Disbursement Payroll taxes	Candidate Name	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>c. United States Treasury</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2012
Mailing Address Internal Revenue Service		Amount of Each Disbursement this Period 4315.65 <b>Transaction ID : D486282</b>
City Ogden	State UT Zip Code 84201	
Purpose of Disbursement Payroll taxes	Candidate Name	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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4939.82
<b>TOTAL</b> This Period (last page this line number only).....	

**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 20 OF 33		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Ron Barber for Congress**

Full Name (Last, First, Middle Initial) <b>A. US Postmaster</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2012
Mailing Address Coronado Station		Amount of Each Disbursement this Period 1300.00 <b>Transaction ID : D486292</b>
City Tucson	State AZ Zip Code 85711	
Purpose of Disbursement Postage	Category/Type	
Candidate Name		
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>B. US Postmaster</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2012
Mailing Address Coronado Station		Amount of Each Disbursement this Period 9.00 <b>Transaction ID : D486295</b>
City Tucson	State AZ Zip Code 85711	
Purpose of Disbursement Postage	Category/Type	
Candidate Name		
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>C. US Postmaster</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2012
Mailing Address Coronado Station		Amount of Each Disbursement this Period 5.15 <b>Transaction ID : D486296</b>
City Tucson	State AZ Zip Code 85711	
Purpose of Disbursement Postage	Category/Type	
Candidate Name		
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1314.15
<b>TOTAL</b> This Period (last page this line number only).....	

**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 21 OF 33		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)  
**Ron Barber for Congress**

Full Name (Last, First, Middle Initial) <b>A. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2012
Mailing Address PO Box 9622		Amount of Each Disbursement this Period 388.01 <b>Transaction ID : D486285</b>
City Mission Hills	State CA	
Zip Code 91346	Purpose of Disbursement Telephone expense	Category/ Type
Candidate Name	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>B. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2012
Mailing Address PO Box 9622		Amount of Each Disbursement this Period 390.34 <b>Transaction ID : D486310</b>
City Mission Hills	State CA	
Zip Code 91346	Purpose of Disbursement Telephone expense	Category/ Type
Candidate Name	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>c. Wells Fargo Payroll</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2012
Mailing Address 1650 W. 82nd Street Suite 300		Amount of Each Disbursement this Period 52.20 <b>Transaction ID : D486320</b>
City Minneapolis	State MN	
Zip Code 55431	Purpose of Disbursement Payroll service fee	Category/ Type
Candidate Name	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	830.55
<b>TOTAL</b> This Period (last page this line number only).....	

**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 22 OF 33	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Ron Barber for Congress**

**A. Wells Fargo Payroll**

Full Name (Last, First, Middle Initial)  
Mailing Address 1650 W. 82nd Street Suite 300

City Minneapolis State MN Zip Code 55431

Purpose of Disbursement Payroll service fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 11 / 30 / 2012

Amount of Each Disbursement this Period: 27.11

Transaction ID : D486290

**B. Wells Fargo Payroll**

Full Name (Last, First, Middle Initial)  
Mailing Address 1650 W. 82nd Street Suite 300

City Minneapolis State MN Zip Code 55431

Purpose of Disbursement Payroll service fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 12 / 13 / 2012

Amount of Each Disbursement this Period: 52.20

Transaction ID : D486302

**c. Wells Fargo**

Full Name (Last, First, Middle Initial)  
Mailing Address 4669 E Broadway Blvd

City Tucson State AZ Zip Code 85711-3511

Purpose of Disbursement Service fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 12 / 11 / 2012

Amount of Each Disbursement this Period: 133.55

Transaction ID : D486297

**SUBTOTAL** of Disbursements This Page (optional) ..... 212.86

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

**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 23 OF 33			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Ron Barber for Congress**

Full Name (Last, First, Middle Initial) <b>A. Wells Fargo</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2012
Mailing Address 4669 E Broadway Blvd		Amount of Each Disbursement this Period 29.27
City Tucson	State AZ	
Zip Code 85711-3511	Purpose of Disbursement Service fee	Transaction ID : D486298
Candidate Name	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>B. Winpisinger &amp; Associates, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2012
Mailing Address 315 Inspiration Ln		Amount of Each Disbursement this Period 1224.99
City Gaithersburg	State MD	
Zip Code 20878-5808	Purpose of Disbursement Adminstrative services/Compliance	Transaction ID : D486299
Candidate Name	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>c. Emily S Gray</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2012
Mailing Address 5927 Oakland Park Dr		Amount of Each Disbursement this Period 57.76
City Burke	State VA	
Zip Code 22015-2442	Purpose of Disbursement Postage	Transaction ID : D486286
Candidate Name	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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1312.02
<b>TOTAL</b> This Period (last page this line number only).....	

**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 24 OF 33	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Ron Barber for Congress**

Full Name (Last, First, Middle Initial) <b>A. Ron Barber</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2012
Mailing Address 4848 E Hawthorne St		Amount of Each Disbursement this Period 178.20 <b>Transaction ID : D486315</b>
City Tucson	State AZ Zip Code 85711-1250	
Purpose of Disbursement Office supplies (see below if itemized)		Category/ Type
Candidate Name <b>Ron Barber</b>		
Office Sought: <input checked="" 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: AZ District: 02		

Full Name (Last, First, Middle Initial) <b>B. House Gift Shop</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2012
Mailing Address Longworth HOB		Amount of Each Disbursement this Period 178.20 <b>Transaction ID : D486317</b> <b>[MEMO ITEM]</b>
City Washington	State DC Zip Code 20515	
Purpose of Disbursement Office supplies		Category/ Type
Candidate Name		
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>c. Ron Barber</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2012
Mailing Address 4848 E Hawthorne St		Amount of Each Disbursement this Period 165.00 <b>Transaction ID : D486323</b>
City Tucson	State AZ Zip Code 85711-1250	
Purpose of Disbursement Office supplies (see below if itemized)		Category/ Type
Candidate Name <b>Ron Barber</b>		
Office Sought: <input checked="" 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: AZ District: 02		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	343.20
<b>TOTAL</b> This Period (last page this line number only).....	



**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 25 OF 33			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Ron Barber for Congress**

Full Name (Last, First, Middle Initial) <b>A. House Gift Shop</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2012
Mailing Address Longworth HOB		Amount of Each Disbursement this Period 165.00
City Washington	State DC	
Zip Code 20515	Purpose of Disbursement Office supplies	Transaction ID : D486324
Candidate Name	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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Mark D. Prentice</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2012
Mailing Address 1736 T St NW Apt 1		Amount of Each Disbursement this Period 197.55
City Washington	State DC	
Zip Code 20009-7138	Purpose of Disbursement Telephone expense (see below if itemized)	Transaction ID : D486326
Candidate Name	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>C. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2012
Mailing Address PO Box 9622		Amount of Each Disbursement this Period 197.55
City Mission Hills	State CA	
Zip Code 91346	Purpose of Disbursement Telephone expense	Transaction ID : D486327
Candidate Name	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)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	197.55
<b>TOTAL</b> This Period (last page this line number only).....	

**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 26 OF 33		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)  
**Ron Barber for Congress**

Full Name (Last, First, Middle Initial) <b>A. Kyle Quinn-Quesada</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2012
Mailing Address 26 Blue Rock Drive		Amount of Each Disbursement this Period 142.74
City Stamford	State CT	
Zip Code 06903	Purpose of Disbursement Expenses (see below if itemized)	Transaction ID : D486335
Candidate Name	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>B.</b>		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:		

Full Name (Last, First, Middle Initial) <b>C.</b>		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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	142.74
<b>TOTAL</b> This Period (last page this line number only).....	29835.43

# 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 27 OF 33	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Ron Barber for Congress**

Full Name (Last, First, Middle Initial) <b>A. James J. Glasser</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 30 / 2012</b>
Mailing Address 13262 E Saddlerock Rd		Amount of Each Disbursement this Period <b>1250.00</b>
City Tucson	State AZ	
Zip Code 85749-9296	Purpose of Disbursement Refund	<b>Transaction ID : D480073</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B.</b>		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:		

Full Name (Last, First, Middle Initial) <b>C.</b>		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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1250.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>1250.00</b>

**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 28 OF 33	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Ron Barber for Congress**

<b>A.</b> Full Name (Last, First, Middle Initial) AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE		Date of Disbursement M M / D D / Y Y Y Y 12 / 13 / 2012
Mailing Address 520 N. NORTHWEST HIGHWAY		Amount of Each Disbursement this Period 5000.00 <b>Transaction ID : D486301</b>
City State Zip Code PARK RIDGE IL 60068	Purpose of Disbursement Refund	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Recount	State: District:	

<b>B.</b> Full Name (Last, First, Middle Initial) INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS POLITICAL ACTION COMMITTEE		Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2012
Mailing Address 900 SEVENTH ST, NW		Amount of Each Disbursement this Period 5000.00 <b>Transaction ID : D486316</b>
City State Zip Code WASHINGTON DC 20001	Purpose of Disbursement Refund	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Recount	State: District:	

<b>C.</b> Full Name (Last, First, Middle Initial)		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:	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	10000.00
<b>TOTAL</b> This Period (last page this line number only).....	10000.00

**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 29 OF 33		
	<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)  
**Ron Barber for Congress**

Full Name (Last, First, Middle Initial) <b>A. Arizona Democratic Central Executive Committee</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2012
Mailing Address 2910 N Central Ave		Amount of Each Disbursement this Period 5000.00 <b>Transaction ID : D486293</b>
City Phoenix	State AZ Zip Code 85012-2704	
Purpose of Disbursement Unlimited transfer	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. AZ Department of Revenue</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2012
Mailing Address PO Box 29032		Amount of Each Disbursement this Period 150.10 <b>Transaction ID : D486289</b>
City Phoenix	State AZ Zip Code 85038-9032	
Purpose of Disbursement Payroll taxes	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Emily S Gray</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2012
Mailing Address 5927 Oakland Park Dr		Amount of Each Disbursement this Period 647.68 <b>Transaction ID : D486270</b>
City Burke	State VA Zip Code 22015-2442	
Purpose of Disbursement Salary	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5797.78
<b>TOTAL</b> This Period (last page this line number only).....	

**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 30 OF 33
	<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)  
**Ron Barber for Congress**

Full Name (Last, First, Middle Initial) <b>A. Emily S Gray</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2012
Mailing Address 5927 Oakland Park Dr		Amount of Each Disbursement this Period 50.00 <b>Transaction ID : D486271</b>
City Burke	State VA	
Zip Code 22015-2442	Purpose of Disbursement Health insurance	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Recount	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Anne Hilby</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2012
Mailing Address 6416 Hillegass Ave		Amount of Each Disbursement this Period 352.60 <b>Transaction ID : D486284</b>
City Oakland	State CA	
Zip Code 94618-1312	Purpose of Disbursement Travel/Airfare	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Recount	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Rodd C. McLeod</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2012
Mailing Address 205 W Portland St Unit 445C		Amount of Each Disbursement this Period 689.01 <b>Transaction ID : D486273</b>
City Phoenix	State AZ	
Zip Code 85003-5427	Purpose of Disbursement Salary	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Recount	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1091.01
<b>TOTAL</b> This Period (last page this line number only).....	

**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 31 OF 33
	<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)  
**Ron Barber for Congress**

Full Name (Last, First, Middle Initial) <b>A. Mark D. Prentice</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2012
Mailing Address 1736 T St NW Apt 1		Amount of Each Disbursement this Period 50.00 <b>Transaction ID : D486275</b>
City Washington	State DC Zip Code 20009-7138	
Purpose of Disbursement Health insurance	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Recount	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Mark D. Prentice</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2012
Mailing Address 1736 T St NW Apt 1		Amount of Each Disbursement this Period 938.95 <b>Transaction ID : D486276</b>
City Washington	State DC Zip Code 20009-7138	
Purpose of Disbursement Salary	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Recount	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Kyle Quinn-Quesada</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2012
Mailing Address 26 Blue Rock Drive		Amount of Each Disbursement this Period 450.00 <b>Transaction ID : D486338</b>
City Stamford	State CT Zip Code 06903	
Purpose of Disbursement Rent reimbursement	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Recount	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1438.95
<b>TOTAL</b> This Period (last page this line number only).....	

**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 32 OF 33		
	<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)  
**Ron Barber for Congress**

Full Name (Last, First, Middle Initial) <b>A. Jessica L. Schultz</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2012
Mailing Address 5026 E Hawthorne St		Amount of Each Disbursement this Period 1273.61 <b>Transaction ID : D486280</b>
City Tucson	State AZ	
Zip Code 85711-1228	Purpose of Disbursement Salary	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input checked="" type="checkbox"/> Other (specify) Recount	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Jessica L. Schultz</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2012
Mailing Address 5026 E Hawthorne St		Amount of Each Disbursement this Period 50.00 <b>Transaction ID : D486281</b>
City Tucson	State AZ	
Zip Code 85711-1228	Purpose of Disbursement Health insurance	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input checked="" type="checkbox"/> Other (specify) Recount	State: District:	

Full Name (Last, First, Middle Initial) <b>c. United States Treasury</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2012
Mailing Address Internal Revenue Service		Amount of Each Disbursement this Period 1306.35 <b>Transaction ID : D486288</b>
City Ogden	State UT	
Zip Code 84201	Purpose of Disbursement Payroll taxes	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input checked="" type="checkbox"/> Other (specify) Recount	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2629.96
<b>TOTAL</b> This Period (last page this line number only).....	



**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 33 OF 33			
	<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)  
**Ron Barber for Congress**

Full Name (Last, First, Middle Initial) <b>A. Wells Fargo Payroll</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2012
Mailing Address 1650 W. 82nd Street Suite 300		Amount of Each Disbursement this Period 27.11
City Minneapolis	State MN Zip Code 55431	
Purpose of Disbursement Payroll service fee	Candidate Name	Transaction ID : D486291
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Winpisinger &amp; Associates, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2012
Mailing Address 315 Inspiration Ln		Amount of Each Disbursement this Period 1050.50
City Gaithersburg	State MD Zip Code 20878-5808	
Purpose of Disbursement Administrative services/Compliance	Candidate Name	Transaction ID : D486300
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C.</b>		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	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1077.61
<b>TOTAL</b> This Period (last page this line number only).....	12035.91