

# 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)

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

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NAME OF COMMITTEE (In Full)  
Bass Victory Committee

Full Name (Last, First, Middle Initial) <b>A. Salem GOP Committee</b>		<b>Transaction ID:</b> 61026.E2967 <b>Date of Disbursement</b> 10 / 04 / 2006
Mailing Address 66 Millville Street		Amount of Each Disbursement this Period 500.00
City Salem State NH Zip Code 03079-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement NON-FEDERAL CONTRIBUTION		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Sullivan County GOP</b>		<b>Transaction ID:</b> 61026.E2971 <b>Date of Disbursement</b> 10 / 01 / 2006
Mailing Address Route 2		Amount of Each Disbursement this Period 250.00
City Newport State NH Zip Code 03773-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement NON-FEDERAL CONTRIBUTION		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Team Sununu</b>		<b>Transaction ID:</b> 61026.E2974 <b>Date of Disbursement</b> 10 / 02 / 2006
Mailing Address PO Box 500		Amount of Each Disbursement this Period 500.00
City Rye State NH Zip Code 03870-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement US SENATE NEW HAMPSHIRE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	US Senate New Hampshire
State: District:	Primary	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	3375.00