

**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 229 OF 376			
	<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)
Friends of John Boehner

Full Name (Last, First, Middle Initial) A. JOHN T. HUFF		Date of Disbursement M M / D D / Y Y Y Y 11 / 16 / 2015
Mailing Address 2025 COUNTRY SQUIRE ROAD		Amount of Each Disbursement this Period 800.00 Transaction ID : SBGR20.4821
City AUBURN State AL Zip Code 36830	Purpose of Disbursement GENERAL 2016 CONTRIBUTION REFUND	
Candidate Name	Category/Type	
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. STACEY HUGHES		Date of Disbursement M M / D D / Y Y Y Y 11 / 16 / 2015
Mailing Address 314 N GARFIELD ST		Amount of Each Disbursement this Period 2600.00 Transaction ID : SBGR20.5041
City ARLINGTON State VA Zip Code 22201	Purpose of Disbursement GENERAL 2016 CONTRIBUTION REFUND	
Candidate Name	Category/Type	
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. RICHARD HUNT		Date of Disbursement M M / D D / Y Y Y Y 11 / 16 / 2015
Mailing Address 312 N FAIRFAX ST		Amount of Each Disbursement this Period 2700.00 Transaction ID : SBGR20.4972
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement GENERAL 2016 CONTRIBUTION REFUND	
Candidate Name	Category/Type	
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:		

SUBTOTAL of Disbursements This Page (optional).....	6100.00
TOTAL This Period (last page this line number only).....	