

**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)

SALEM COMMUNICATIONS CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. FRIENDS OF KELLY AYOTTE

Mailing Address PO BOX 937

City MANCHESTER State NH Zip Code 03105

Purpose of Disbursement
Contribution

011

Candidate Name

FRIENDS OF KELLY AYOTTE

Category/
Type

Office Sought: House
 Senate
 President
State: NH District: 00

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 05 / 2015

Transaction ID : SB23.14922

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF MIKE LEE INC

Mailing Address 10 WEST BROADWAY
SUITE 500

City SALT LAKE CITY State UT Zip Code 84101

Purpose of Disbursement
Contribution

011

Candidate Name

FRIENDS OF MIKE LEE INC

Category/
Type

Office Sought: House
 Senate
 President
State: UT District: 00

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 30 / 2015

Transaction ID : SB23.14648

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. JIM JORDAN FOR CONGRESS

Mailing Address 1709 STATE ROUTE 560 SOUTH

City URBANA State OH Zip Code 43078

Purpose of Disbursement
Contribution

011

Candidate Name

Office Sought: House
 Senate
 President
State: OH District: 04

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 29 / 2015

Transaction ID : SB23.15021

Amount of Each Disbursement this Period

1000.00

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

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

3000.00