

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Poe for Congress

Full Name (Last, First, Middle Initial)

A. Public Storage

Mailing Address 22559 Highway 59 N

City	State	Zip Code
Kingwood	TX	77339-4404

Purpose of Disbursement
Storage Rental

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		10		2015

Amount of Each Disbursement this Period

216.00

Transaction ID : BEF78C6B905FD4856953

[MEMO ITEM]**B. National Rifle Association**

Mailing Address PO Box 420765

City	State	Zip Code
Palm Coast	FL	32142-0765

Purpose of Disbursement
Membership Dues

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		10		2015

Amount of Each Disbursement this Period

500.00

Transaction ID : BFC7C5961D1954D3DA80

[MEMO ITEM]**c. Congressional Institute**

Mailing Address 1700 Diagonal Rd

City	State	Zip Code
Alexandria	VA	22314-2866

Purpose of Disbursement
Meeting Expense

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		10		2015

Amount of Each Disbursement this Period

369.00

Transaction ID : B64A651C798594946BD6

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00
