

**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)
American Rental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. RYAN FOR CONGRESS, INC.

Mailing Address PO BOX 1488

City JANESVILLE State WI Zip Code 53547

Purpose of Disbursement
Contribution

011

Candidate Name

PAUL D RYAN

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WI District: 01

Date of Disbursement

MM / DD / YYYY
02 / 13 / 2015

Transaction ID : **SB23.8146**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. STEVE ISRAEL FOR CONGRESS COMMITTEE

Mailing Address PO BOX 1400

City MELVILLE State NY Zip Code 11747

Purpose of Disbursement
Contribution

011

Candidate Name

STEVE J. ISRAEL

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NY District: 03

Date of Disbursement

MM / DD / YYYY
02 / 13 / 2015

Transaction ID : **SB23.8147**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. TEXANS FOR HENRY CUELLAR CONGRESSIONAL CAMPAIGN

Mailing Address 1519 WASHINGTON STREET
SUITE 200

City LAREDO State TX Zip Code 78040

Purpose of Disbursement
Contribution

011

Candidate Name

HENRY R. CUELLAR

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TX District: 28

Date of Disbursement

MM / DD / YYYY
06 / 08 / 2015

Transaction ID : **SB23.8173**

Amount of Each Disbursement this Period

1000.00

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

4500.00

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