

**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)  
**Google Inc. NetPAC**

Full Name (Last, First, Middle Initial)

**A. LoBiondo For Congress**

Mailing Address PO Box 550

City Vineland State NJ Zip Code 08362

Purpose of Disbursement  
Contribution

Candidate Name

**Frank A. LoBiondo**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NJ District: 02

Date of Disbursement

MM / DD / YYYY  
07 / 28 / 2015

**Transaction ID : D1875**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Kline For Congress**

Mailing Address 350 W Burnsville Pkwy  
Ste 375

City Burnsville State MN Zip Code 55337-4903

Purpose of Disbursement  
Contribution

Candidate Name

**John P Kline Jr**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MN District: 02

Date of Disbursement

MM / DD / YYYY  
07 / 08 / 2015

**Transaction ID : D1866**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. George Holding For Congress**

Mailing Address P.O. Box 97187

City Raleigh State NC Zip Code 27624

Purpose of Disbursement  
Contribution

Candidate Name

**George Holding**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NC District: 13

Date of Disbursement

MM / DD / YYYY  
07 / 28 / 2015

**Transaction ID : D1876**

Amount of Each Disbursement this Period

2500.00

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

7500.00

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