

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          |                                    | PAGE 44 OF 47                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Friends of Todd Young, Inc.**

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Aaron C Minnich</b>  |  | Date of Disbursement<br>04 04 2016                               |
| Mailing Address PO Box 1053   |  | Amount of Each Disbursement this Period<br>1081.15               |
| City<br>Bloomington   | State<br>IN  |  |
| Purpose of Disbursement<br>Payroll  | Candidate Name   | Category/<br>Type<br>001   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <input type="checkbox"/> Memo Item<br>Transaction ID : B-E-24524 |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Aaron C Minnich</b>  |  | Date of Disbursement<br>04 06 2016   |
| Mailing Address PO Box 1053   |  | Amount of Each Disbursement this Period<br>1561.1  |
| City<br>Bloomington   | State<br>IN  |  |
| Purpose of Disbursement<br>Mileage/Event Ticket Reimbursement   | Candidate Name   | Category/<br>Type<br>001   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <input type="checkbox"/> Memo Item<br>Transaction ID : B-E-24469<br>Original vendors exceeding reporting threshold itemize as memo transactions. |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Aaron C Minnich</b>  |  | Date of Disbursement<br>04 06 2016   |
| Mailing Address PO Box 1053   |  | Amount of Each Disbursement this Period<br>1461.1  |
| City<br>Bloomington   | State<br>IN  |  |
| Purpose of Disbursement<br>Mileage Reimbursement  | Candidate Name   | Category/<br>Type<br>001   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <input checked="" type="checkbox"/> Memo Item<br>Transaction ID : B-S-171<br>Subitemization of Aaron Minnich(04/06/16) |
| State: District:  |  |  |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 2642.25 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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