

**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)
United Parcel Service Inc. PAC

Full Name (Last, First, Middle Initial)

A. McHenry for Congress

Mailing Address PO Box 1406

City State Zip Code
Hickory NC 28603

Purpose of Disbursement
Contribution

011

Candidate Name

Patrick McHenry

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NC District: 10

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 01 / 2015

Transaction ID : B573011

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Renee Ellmers for Congress

Mailing Address PO Box 99567

City State Zip Code
Raleigh NC 27624

Purpose of Disbursement
Contribution

011

Candidate Name

Renee Ellmers

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NC District: 02

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 14 / 2015

Transaction ID : B573773

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Cresent Hardy for Congress

Mailing Address PO Box 753941

City State Zip Code
Las Vegas NV 89136

Purpose of Disbursement
Contribution

011

Candidate Name

Cresent Hardy

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NV District: 04

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 01 / 2015

Transaction ID : B573023

Amount of Each Disbursement this Period

1000.00

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

3500.00

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