

**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)

**MetLife Inc. Employees' Political Participation Fund A**

Full Name (Last, First, Middle Initial)

**A. Montana Democratic Party**

Mailing Address P.O. Box 802

City Helena State MT Zip Code 59624

Purpose of Disbursement Contribution

011

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2015  Primary  General  Other (specify) ▼

State: District:

Not Applicable

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2015

Transaction ID : B586558

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Renee Ellmers for Congress**

Mailing Address 499 S Capitol St SW Ste 420

City Washington State DC Zip Code 20003

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

MM / DD / YYYY  
10 / 30 / 2015

Transaction ID : B586551

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Brad Ashford for Congress**

Mailing Address 322 17th St NE

City Washington State DC Zip Code 20002

Purpose of Disbursement Contribution

011

Candidate Name

**Brad Ashford**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: NE District: 02

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2015

Transaction ID : B586553

Amount of Each Disbursement this Period

1000.00

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

7000.00

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