

**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"/> 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)  
**COPART INC POLITICAL ACTION COMMITTEE (COPART PAC)**

Full Name (Last, First, Middle Initial)

**A. California Victory 2018**

Mailing Address PO Box 30844

City: Bethesda, State: MD, Zip Code: 20824

Purpose of Disbursement

Candidate Name  
**California Victory 2018**

Office Sought:  House  Senate  President  
Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM/DD/YYYY  
10/03/2017

FEC Identification Number

C  
**Transaction ID : SB23.4302**  
Amount of Each Disbursement this Period  
5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. HATCH ELECTION COMMITTEE INC**

Mailing Address PO BOX 3986

City: WASHINGTON, State: DC, Zip Code: 20027

Purpose of Disbursement

Candidate Name  
**HATCH ELECTION COMMITTEE INC**

Office Sought:  House  Senate  President  
Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: UT District: 00

Date of Disbursement

MM/DD/YYYY  
10/27/2017

FEC Identification Number

C C00104752  
**Transaction ID : SB23.4305**  
Amount of Each Disbursement this Period  
2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Kim Reynolds for Iowa**

Mailing Address PO Box 1775

City: Des Moines, State: IA, Zip Code: 50305

Purpose of Disbursement

Candidate Name  
**Kim Reynolds for Iowa**

Office Sought:  House  Senate  President  
Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM/DD/YYYY  
12/28/2017

FEC Identification Number

C  
**Transaction ID : SB23.4309**  
Amount of Each Disbursement this Period  
5000.00

Memo Item

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

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

12500.00