

**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)

Llano Tea Party

Full Name (Last, First, Middle Initial)

A. JONI ERNST FOR US SENATE INC

Mailing Address PO BOX 93441

City DES MOINES State IA Zip Code 50393

Purpose of Disbursement

012

Candidate Name

JONI ERNST FOR US SENATE INC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IA District: 00

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y		
0	9				2	3						2	0	1	4

Transaction ID : SB23.4232

Amount of Each Disbursement this Period

5	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

B. TERRI LYNN LAND

Mailing Address 7955 BYRON STATION CT SW

City BRYON CENTER State MI Zip Code 49315

Purpose of Disbursement

Category/
Type

Candidate Name

TERRI LYNN LAND FOR SENATE

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District: 00

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y		
0	9				2	3						2	0	1	4

Transaction ID : SB23.4238

Amount of Each Disbursement this Period

5	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

C. MICHAEL MCFADDEN

Mailing Address 25 SUNNYSIDE LANE

City SUNFISH LANE State MN Zip Code 55118

Purpose of Disbursement

Category/
Type

Candidate Name

Mike McFadden U. S. Senate

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MN District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y		
0	9				2	3						2	0	1	4

Transaction ID : SB23.4240

Amount of Each Disbursement this Period

2	0	0	.	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

1	2	0	.	0	0
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TOTAL This Period (last page this line number only)..... ▶

1	2	0	.	0	0
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