

**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)

FEDERAL AGRICULTURAL MORTGAGE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Mike CONAWAY

Mailing Address 110 W LOUISIANA AVENUE
SUITE 312

City MIDLAND State TX Zip Code 79701

Purpose of Disbursement
Contribution

Candidate Name

Mike CONAWAY

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TX District: 11

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		0	4	5		2	0	1	5	6	7

Transaction ID : SB23.4626

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

B. JIM COSTA

Mailing Address C/O SCHARTON JONES & SHERMAN C.P.A
1318 EAST SHAW SUITE 410

City FRESNO State CA Zip Code 93710

Purpose of Disbursement
Contribution

Candidate Name

JIM COSTA

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 16

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9	0		2	9	0		2	0	1	5	6	7

Transaction ID : SB23.4625

Amount of Each Disbursement this Period

2	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

C. FRIENDS OF JOHN THUNE

Mailing Address PO BOX 841

City SIOUX FALLS State SD Zip Code 57101

Purpose of Disbursement
Contribution

Candidate Name

FRIENDS OF JOHN THUNE

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7	0		2	2	0		2	0	1	5	6	7

Transaction ID : SB23.4620

Amount of Each Disbursement this Period

1	5	0	.	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

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

6	0	0	.	0	0
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6	0	0	.	0	0
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