

**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)
Congressional Black Caucus PAC

Full Name (Last, First, Middle Initial) A. ILHAN FOR CONGRESS		Date of Disbursement MM / DD / YYYY 08 / 08 / 2018
Mailing Address 400 S 4th St Ste 401-200		FEC Identification Number C 000680934 Transaction ID : VNV6Y9XVNI
City Minneapolis	State MN	Zip Code 55415-1411
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 2500.00
Candidate Name OMAR, ILHAN, , ,		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MN	District: 05	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. XOCHITL FOR NEW MEXICO		Date of Disbursement MM / DD / YYYY 08 / 15 / 2018
Mailing Address PO Box 2250		FEC Identification Number C 000666149 Transaction ID : VNV6Y9XVNE
City Las Cruces	State NM	Zip Code 88004-2250
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 2000.00
Candidate Name TORRES SMALL, XOCHITL, , ,		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NM	District: 02	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	4500.00
TOTAL This Period (last page this line number only).....▶	9500.00