

**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)
Crowe PAC

Full Name (Last, First, Middle Initial)

A. BAYH, EVAN

Mailing Address 850 FORT WAYNE AVENUE

City INDIANAPOLIS State IN Zip Code 46204

Purpose of Disbursement Contribution

Candidate Name
EVAN BAYH

Office Sought: House Senate President
State: District: 00

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 22 / 2016

Transaction ID : SB23.6519

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. JUMP INTO ACTION FOR CONSERVATIVES TO KEEP OUR IDEAS ELEVATED PAC

Mailing Address PO BOX 26141

City ALEXANDRIA State VA Zip Code 22313

Purpose of Disbursement Contribution

Candidate Name
JUMP INTO ACTION FOR CONSERVATIVES TO KEEP OUR IDEAS ELEVATED PAC

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 06 / 2016

Transaction ID : SB23.6514

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. PATRICK E MURPHY

Mailing Address 4521 PGA BLVD #412

City PALM BEACH GARDENS State FL Zip Code 33418

Purpose of Disbursement Contribution

Candidate Name
PATRICK E MURPHY

Office Sought: House Senate President
State: FL District: 00

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 01 / 2016

Transaction ID : SB23.6511

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

3000.00