

**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)
WESTROCK POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. BILL CASSIDY FOR US SENATE		Date of Disbursement MM / DD / YYYY 08 / 17 / 2017
Mailing Address PO BOX 80505		FEC Identification Number C 000543983 Transaction ID : SB23.20050
City BATON ROUGE	State LA	Zip Code 70898
Purpose of Disbursement Campaign Contribution		Amount of Each Disbursement this Period 1000.00
Candidate Name CASSIDY, WILLIAM M, , ,		Category/Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: LA	District: 00	

Full Name (Last, First, Middle Initial) B. RALPH ABRAHAM FOR CONGRESS		Date of Disbursement MM / DD / YYYY 08 / 17 / 2017
Mailing Address P.O. BOX 14062		FEC Identification Number C 000563940 Transaction ID : SB23.20051
City MONROE	State LA	Zip Code 71207
Purpose of Disbursement Campaign Contribution		Amount of Each Disbursement this Period 1000.00
Candidate Name ABRAHAM, RALPH LEE DR. JR., , ,		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)	<input type="checkbox"/> Memo Item
State: LA	District: 05	

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) ▼	<input type="checkbox"/> Memo Item
State:	District:	

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

2000.00

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

2000.00