

**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)  
**Hoosiers First PAC**

**A. FRIENDS OF CHRIS MURPHY**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 127

City Cheshire State CT Zip Code 06410-0127

Purpose of Disbursement Contribution

Candidate Name **MURPHY, CHRISTOPHER S, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify)  Convention

State: CT District: 00

Date of Disbursement: 09 / 26 / 2017

FEC Identification Number: C00492645  
Transaction ID : VQZ64ADNE  
Amount of Each Disbursement this Period: 500.00

Memo Item

**B. FRIENDS OF CHRIS MURPHY**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 127

City Cheshire State CT Zip Code 06410-0127

Purpose of Disbursement Contribution

Candidate Name **MURPHY, CHRISTOPHER S, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify)

State: CT District: 00

Date of Disbursement: 09 / 26 / 2017

FEC Identification Number: C00492645  
Transaction ID : VQZ64ADNE  
Amount of Each Disbursement this Period: 2000.00

Memo Item

**C. GILLIBRAND FOR SENATE**

Full Name (Last, First, Middle Initial)  
Mailing Address 126 C St NW FI 2

City Washington State DC Zip Code 20001-2132

Purpose of Disbursement Contribution

Candidate Name **GILLIBRAND, KIRSTEN ELIZABETH, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify)

State: NY District: 00

Date of Disbursement: 09 / 26 / 2017

FEC Identification Number: C00413914  
Transaction ID : VQZ64ADNE  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 3500.00

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