

**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)

Jump Into Action for Conservatives to Keep our Ideas Elevated PAC

Full Name (Last, First, Middle Initial)

A. DOLD FOR CONGRESS

Mailing Address PO BOX 6312

City LIBERTYVILLE State IL Zip Code 60048

Purpose of Disbursement

Candidate Name

ROBERT JAMES JR DOLD

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: IL District: 10

Date of Disbursement

MM / DD / YYYY
12 / 14 / 2015

Transaction ID : SB23.4182

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. DONOVAN FOR CONGRESS

Mailing Address 440 LEVERETT AVENUE

City STATEN ISLAND State NY Zip Code 10308

Purpose of Disbursement

Candidate Name

DAN DONOVAN

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: NY District: 11

Date of Disbursement

MM / DD / YYYY
12 / 10 / 2015

Transaction ID : SB23.4137

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. ELISE FOR CONGRESS

Mailing Address PO BOX 500

City GLENS FALLS State NY Zip Code 12801

Purpose of Disbursement

Candidate Name

ELISE M. STEFANIK

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: NY District: 21

Date of Disbursement

MM / DD / YYYY
12 / 10 / 2015

Transaction ID : SB23.4124

Amount of Each Disbursement this Period

1000.00

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

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

3000.00