

**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)

**SALEM COMMUNICATIONS CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. MCCLINTOCK FOR CONGRESS**

Mailing Address 2150 RIVER PLAZA DR. #150

City SACRAMENTO State CA Zip Code 95833

Purpose of Disbursement Contribution

Category/  
Type

Candidate Name

**MCCLINTOCK FOR CONGRESS**

Office Sought:  House  Senate  President  
 Disbursement For: 2018  Primary  General  Other (specify) ▼  
 State: CA District: 04

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB23.19198**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. PETE SESSIONS FOR CONGRESS**

Mailing Address PO BOX 823047

City DALLAS State TX Zip Code 75382

Purpose of Disbursement Contribution

Category/  
Type

Candidate Name

**PETE SESSIONS FOR CONGRESS**

Office Sought:  House  Senate  President  
 Disbursement For: 2018  Primary  General  Other (specify) ▼  
 State: TX District: 32

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB23.19201**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. RICK SCOTT FOR FLORIDA**

Mailing Address PO BOX 3791

City TALLAHASSEE State FL Zip Code 32315

Purpose of Disbursement Contribution

Category/  
Type

Candidate Name

**RICK SCOTT FOR FLORIDA**

Office Sought:  House  Senate  President  
 Disbursement For: 2018  Primary  General  Other (specify) ▼  
 State: FL District: 00

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB23.19193**

Amount of Each Disbursement this Period

Memo Item

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

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