

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 17			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Raul Labrador for Idaho

Full Name (Last, First, Middle Initial) A. The Breakers			Date of Disbursement M M / D D / Y Y Y Y 09 / 07 / 2017
Mailing Address One South County Road			FEC Identification Number C
City Palm Beach	State FL	Zip Code 33480-4023	Amount of Each Disbursement this Period 701.89
Purpose of Disbursement Travel - Lodging		Category/ Type 002	Transaction ID : B68328487FE144394B97
Candidate Name		Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) B. The Breakers			Date of Disbursement M M / D D / Y Y Y Y 09 / 07 / 2017
Mailing Address One South County Road			FEC Identification Number C
City Palm Beach	State FL	Zip Code 33480-4023	Amount of Each Disbursement this Period 145.69
Purpose of Disbursement Travel - Food and Beverage		Category/ Type 002	Transaction ID : BE19D00325AE940A4A05
Candidate Name		Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) C. American Family Insurance			Date of Disbursement M M / D D / Y Y Y Y 09 / 07 / 2017
Mailing Address 408 S Eagle Rd Ste 102			FEC Identification Number C
City Eagle	State ID	Zip Code 83616-5247	Amount of Each Disbursement this Period 1315.08
Purpose of Disbursement Campaign Vehicle Insurance		Category/ Type 001	Transaction ID : BABA6741D67A44A56BCF
Candidate Name		Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	8832.79