

**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)  
**CONSERVATIVE VICTORY FUND**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF JIM INHOFE COMMITTEE**

Mailing Address PO BOX 13300

City OKLAHOMA CITY State OK Zip Code 73113

Purpose of Disbursement  
Contribution

Candidate Name  
**JAMES M INHOFE**

Office Sought:  House  
 Senate  
 President  
State: OK District: 00

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	1	3

**Transaction ID : SB23.8075**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

**B. PAC Faxes (In House)**

Mailing Address P.O. Box 15245

City Washington State DC Zip Code 20003

Purpose of Disbursement  
In-kind contribution: faxes

Candidate Name  
**SEAN DUFFY**

Office Sought:  House  
 Senate  
 President  
State: WI District: 07

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	3

**Transaction ID : SB23.8077**

Amount of Each Disbursement this Period

3	6	8	1	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

**C. PAC Faxes (In House)**

Mailing Address P.O. Box 15245

City Washington State DC Zip Code 20003

Purpose of Disbursement  
In-kind contribution: faxes

Candidate Name  
**JACKIE (SWIHART) WALORSKI**

Office Sought:  House  
 Senate  
 President  
State: IN District: 02

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	1	3

**Transaction ID : SB23.8079**

Amount of Each Disbursement this Period

3	6	4	8	0	0	0	0	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

1	2	3	2	9	0	0	0	0	0
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1	2	3	2	9	0	0	0	0	0
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