

**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)  
**Lobo PAC**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF SCHUMER**

Mailing Address 192 LEXINGTON AVENUE SUITE 1001

City NEW YORK State NY Zip Code 10016

Purpose of Disbursement  
Campaign contribution

011

Candidate Name  
**CHARLES E SCHUMER**

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: NY District: 00

Date of Disbursement

MM / DD / YYYY  
06 / 29 / 2015

Transaction ID : D626949

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Democratic Party of New Mexico**

Mailing Address 3200 Monte Vista Blvd NE

City Albuquerque State NM Zip Code 87106-2120

Purpose of Disbursement  
Contribution

011

Candidate Name

Category/  
Type

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

Date of Disbursement

MM / DD / YYYY  
05 / 07 / 2015

Transaction ID : D623943

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. Democratic Senatorial Campaign Committee**

Mailing Address 120 Maryland Ave NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Contribution

Category/  
Type

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

Date of Disbursement

MM / DD / YYYY  
05 / 26 / 2015

Transaction ID : D628792

Amount of Each Disbursement this Period

5000.00

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

12500.00

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