

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SAVE AMERICA

Full Name (Last, First, Middle Initial)

A. COMMITTEE TO ELECT JACKY EUBANKS

Mailing Address 34396 DANTE DR

City
CHESTERFIELDState
MIZip Code
48047Purpose of Disbursement
NON-FEDERAL CONTRIBUTION

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			2	8			2	0	2	1		

FEC Identification Number

C**Transaction ID : SB29.4331**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. COMMITTEE TO ELECT RACHELLE SMIT FOR STATE REPRESENTATIVE

Mailing Address PO BOX 124

City
SHELBYVILLEState
MIZip Code
49344Purpose of Disbursement
NON-FEDERAL CONTRIBUTION

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			2	8			2	0	2	1		

FEC Identification Number

C**Transaction ID : SB29.4333**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CONSERVATIVE PARTNERSHIP INSTITUTE

Mailing Address 300 INDEPENDENCE AVE SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
CHARITABLE CONTRIBUTION

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			2	6			2	0	2	1		

FEC Identification Number

C**Transaction ID : SB29.4335**

Amount of Each Disbursement this Period

1000000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1010000.00

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