

**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)

CROP INSURANCE PROFESSIONALS ASSOCIATION PAC-CIPA PAC

Full Name (Last, First, Middle Initial)

A. PALAZZO FOR CONGRESS

Mailing Address 13155 HIGHWAY 67 SUITE B

City BILOXI State MS Zip Code 39532

Purpose of Disbursement
Political Contribution

Candidate Name
PALAZZO, STEVEN MCCARTY, , ,

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

Date of Disbursement

MM / DD / YYYY
02 / 13 / 2017

FEC Identification Number

C C00477323

Transaction ID : SB23.5993

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. POE FOR CONGRESS

Mailing Address P.O. BOX 14222

City HUMBLE State TX Zip Code 77347

Purpose of Disbursement
Political Contribution

Candidate Name
POE, TED, , ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: TX District: 02

Date of Disbursement

MM / DD / YYYY
02 / 13 / 2017

FEC Identification Number

C C00392670

Transaction ID : SB23.5996

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. RALPH ABRAHAM FOR CONGRESS

Mailing Address PO BOX 14062

City MONROE State LA Zip Code 71207

Purpose of Disbursement
Political Contribution

Candidate Name
ABRAHAM, RALPH, , DR, JR

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: LA District: 05

Date of Disbursement

MM / DD / YYYY
02 / 13 / 2017

FEC Identification Number

C C00563940

Transaction ID : SB23.5977

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

3000.00