

**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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Reclaim America PAC

Full Name (Last, First, Middle Initial)

A. SHELBY FOR U S SENATE

Mailing Address PO BOX 1091

City TUSCALOOSA State AL Zip Code 35403

Purpose of Disbursement
CONTRIBUTION

011

Candidate Name

RICHARD C SHELBY

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: AL District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
03 / 26 / 2015

Transaction ID : SB23.I9601

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. SHELBY FOR U S SENATE

Mailing Address PO BOX 1091

City TUSCALOOSA State AL Zip Code 35403

Purpose of Disbursement
CONTRIBUTION

011

Candidate Name

RICHARD C SHELBY

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: AL District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
03 / 26 / 2015

Transaction ID : SB23.I9602

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

10000.00

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

40000.00