

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 11
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Southerland for Congress

Full Name (Last, First, Middle Initial) A. Landry For Louisiana		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2015
Mailing Address PO Box 13816		Amount of Each Disbursement this Period 5000.00 Transaction ID : BE3443E46FD444793993
City New Iberia	State LA	
Zip Code 70562-3816	Purpose of Disbursement Contribution	Category/ Type 011
Candidate Name Landry For Louisiana	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2015 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Cole For Congress		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2015
Mailing Address PO Box 722256		Amount of Each Disbursement this Period 250.00 Transaction ID : BBF1E4B5BD195498B948
City Norman	State OK	
Zip Code 73070-8705	Purpose of Disbursement Contribution	Category/ Type 011
Candidate Name Tom Cole	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: OK District: 04	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	5250.00
TOTAL This Period (last page this line number only).....	10700.00