

**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)  
**Walmart Inc. PAC For Responsible Government**

Full Name (Last, First, Middle Initial)

**A. Upper Hand Fund**

Mailing Address PO Box 2485

City Springfield State VA Zip Code 22152

Purpose of Disbursement  
2018 Contribution

011  
Category/  
Type

Candidate Name  
**Upper Hand Fund**

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2018  
 Primary  General  
 Other (specify) Contribution

Date of Disbursement  
M M / D D / Y Y Y Y Y Y  
04 / 26 / 2018

FEC Identification Number  
**C** C00503151  
**Transaction ID : 387FA9D721f**  
Amount of Each Disbursement this Period  
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Valadao For Congress**

Mailing Address 5132 North Palm Avenue #227

City Fresno State CA Zip Code 93704

Purpose of Disbursement  
2018 Primary

011  
Category/  
Type

Candidate Name  
**Valadao, David, G., ,**

Office Sought:  House  Senate  President  
State: CA District: 21

Disbursement For: 2018  
 Primary  General  
 Other (specify)

Date of Disbursement  
M M / D D / Y Y Y Y Y Y  
04 / 26 / 2018

FEC Identification Number  
**C** C00499392  
**Transaction ID : 9D5BDF7B49**  
Amount of Each Disbursement this Period  
1000.00

Memo Item

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  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement  
M M / D D / Y Y Y Y Y Y

FEC Identification Number  
**C**  
Amount of Each Disbursement this Period

Memo Item

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

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

2000.00  
33000.00