

**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)
Project West PAC

Full Name (Last, First, Middle Initial)
A. NORTH DAKOTA REPUBLICAN PARTY

Mailing Address 1029 N 5TH STREET

City BISMARCK State ND Zip Code 58501

Purpose of Disbursement POLITICAL CONTRIBUTION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
06 / 01 / 2018

FEC Identification Number: C C00018929
Transaction ID : **SB23.I8080**
Amount of Each Disbursement this Period: 5000.00

Memo Item

Full Name (Last, First, Middle Initial)
B. OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE

Mailing Address 211 S. FIFTH STREET

City COLUMBUS State OH Zip Code 43215

Purpose of Disbursement POLITICAL CONTRIBUTION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
06 / 01 / 2018

FEC Identification Number: C
Transaction ID : **SB23B.I8078a**
Amount of Each Disbursement this Period: 5000.00

Memo Item

Full Name (Last, First, Middle Initial)
C. REPUBLICAN PARTY OF FLORIDA

Mailing Address 420 E. JEFFERSON STREET

City TALLAHASSEE State FL Zip Code 32301

Purpose of Disbursement POLITICAL CONTRIBUTION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
06 / 01 / 2018

FEC Identification Number: C
Transaction ID : **SB23.I8077**
Amount of Each Disbursement this Period: 5000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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