

**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

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NAME OF COMMITTEE (In Full)
The 19th Star PAC Inc.

Full Name (Last, First, Middle Initial)

A. LUKE MESSER FOR CONGRESS

Mailing Address 345 W BROADWAY

City State Zip Code
SHELBYVILLE IN 46176

Purpose of Disbursement
contribution

011

Candidate Name

LUKE MESSER FOR CONGRESS

Category/
Type

Office Sought: House
 Senate
 President
State: IN District: 06

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 12 / 2014

Transaction ID : SB23.4466

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. MCFADDEN FOR SENATE

Mailing Address PO BOX 4039

City State Zip Code
SAINT PAUL MN 55104

Purpose of Disbursement
contribution

011

Candidate Name

MCFADDEN FOR SENATE

Category/
Type

Office Sought: House
 Senate
 President
State: MN District: 00

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 17 / 2014

Transaction ID : SB23.4478

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. NEW HAMPSHIRE FOR SCOTT BROWN

Mailing Address PO BOX 600

City State Zip Code
RYE NH 03870

Purpose of Disbursement
contribution

011

Candidate Name

NEW HAMPSHIRE FOR SCOTT BROWN

Category/
Type

Office Sought: House
 Senate
 President
State: NH District: 00

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 17 / 2014

Transaction ID : SB23.4477

Amount of Each Disbursement this Period

2500.00

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

7500.00

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

15000.00