

**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)  
**NATIONAL CATTLEMEN'S BEEF ASSOCIATION POLITICAL ACTION COMMITTEE (NCBA-PAC)**

Full Name (Last, First, Middle Initial)

**A. Ralph Abraham For Congress**

Mailing Address P.O. Box 270

City Archibald State LA Zip Code 71218

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Ralph Abraham**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: LA District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	5		2	0	1	5

**Transaction ID : 7036171**

Amount of Each Disbursement this Period

3	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

**B. Rick W. Allen For Congress**

Mailing Address P. O. Box 338

City Augusta State GA Zip Code 30903

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Rick Allen**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: GA District: 12

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	5		2	0	1	5

**Transaction ID : 7036395**

Amount of Each Disbursement this Period

3	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

**C. Mike Bost For Congress Committee**

Mailing Address PO Box 1212

City Murphysboro State IL Zip Code 62966

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Michael Bost**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 12

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	5		2	0	1	5

**Transaction ID : 7036397**

Amount of Each Disbursement this Period

3	0	0	0	0	0	0	0	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

9	0	0	0	0	0	0	0	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

9	0	0	0	0	0	0	0	0	0
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