

**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 Political Action Committee

Full Name (Last, First, Middle Initial) A. ILLINOIS REPUBLICAN PARTY		Date of Disbursement MM / DD / YYYY 09 / 29 / 2016
Mailing Address P.O. BOX 64897		FEC Identification Number C 00005926 Transaction ID : BD216D19FE Amount of Each Disbursement this Period 5000.00 Political Contribution
City CHICAGO	State IL	Zip Code 60664
Purpose of Disbursement Political Contribution		Category/Type
Candidate Name ILLINOIS REPUBLICAN PARTY		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:	Other	

Full Name (Last, First, Middle Initial) B. REPUBLICAN PARTY OF LOUISIANA		Date of Disbursement MM / DD / YYYY 09 / 29 / 2016
Mailing Address C/O RED CURVE SOLUTIONS 138 CONANT STREET		FEC Identification Number C 000187450 Transaction ID : B1CD952D4C Amount of Each Disbursement this Period 5000.00 Political Contribution
City BEVERLY	State MA	Zip Code 01915
Purpose of Disbursement Political Contribution		Category/Type
Candidate Name REPUBLICAN PARTY OF LOUISIANA		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:	Other	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement		Category/Type
Candidate Name		Amount of Each Disbursement this Period
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	32330.00