

**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)

**Cummins Inc. Political Action Committee (CIPAC)**

Full Name (Last, First, Middle Initial)

**A. KINZINGER FOR CONGRESS**

Mailing Address PO BOX 2365

City OTTAWA State IL Zip Code 61350

Purpose of Disbursement  
political contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: IL District: 16

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2015

**Transaction ID : SB23.10484**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. LEAHY FOR U.S. SENATOR COMMITTEE**

Mailing Address PO BOX 1042

City MONTPELIER State VT Zip Code 05601

Purpose of Disbursement  
political contributions

011

Candidate Name

Category/  
Type

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 17 / 2015

**Transaction ID : SB23.10499**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. LUKE MESSER FOR CONGRESS**

Mailing Address P.O. BOX 917

City SHELBYVILLE State IN Zip Code 46176

Purpose of Disbursement  
political contribution

011

Candidate Name

Category/  
Type

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2015

**Transaction ID : SB23.10497**

Amount of Each Disbursement this Period

1000.00

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

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

2500.00