

**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)  
**Population Connection Action Fund PAC**

Full Name (Last, First, Middle Initial) <b>A. XOCHITL FOR NEW MEXICO</b>		Date of Disbursement MM / DD / YYYY 07 / 06 / 2018
Mailing Address PO BOX 2250		FEC Identification Number C 000666149 <b>Transaction ID : SB23.11668</b>
City LAS CRUCES	State NM	Zip Code 88004
Purpose of Disbursement Contribution	Category/Type	Amount of Each Disbursement this Period 2500.00
Candidate Name <b>Torres Small, Xochitl, , ,</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
State: District:	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. XOCHITL FOR NEW MEXICO</b>		Date of Disbursement MM / DD / YYYY 09 / 27 / 2018
Mailing Address PO BOX 2250		FEC Identification Number C 000666149 <b>Transaction ID : SB23.11711</b>
City LAS CRUCES	State NM	Zip Code 88004
Purpose of Disbursement Contribution	Category/Type	Amount of Each Disbursement this Period 2500.00
Candidate Name <b>Torres Small, Xochitl, , ,</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
State: District:	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	5000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	46000.00