

**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)

**GLOBAL BUSINESS TRAVEL ASSOCIATION PAC (Business Travel PAC)**

Full Name (Last, First, Middle Initial)

**A. RON JOHNSON FOR SENATE INC**

Mailing Address 219 E WASHINGTON AVE  
SUITE 101

City  
OSHKOSH

State  
WI

Zip Code  
54901

Purpose of Disbursement  
VOID Previously Issued Ck of 06/27/17

Candidate Name

**JOHNSON, RONALD, HAROLD, ,**

Office Sought:  House  
 Senate  
 President  
State: WI District:

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	30	/	2018

FEC Identification Number

**C** C00482984

**Transaction ID : 15169**

Amount of Each Disbursement this Period

-----  
- 1500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. TEAM RYAN**

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
Political Contribution

Candidate Name

**TEAM RYAN**

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	18	/	2018

FEC Identification Number

**C** C00545947

**Transaction ID : 15173**

Amount of Each Disbursement this Period

-----  
2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
	/		/	

FEC Identification Number

**C** -----

Amount of Each Disbursement this Period

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Memo Item

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

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

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1000.00

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3500.00