

**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)
Reclaim America PAC

Full Name (Last, First, Middle Initial)

A. CINDY HYDE-SMITH FOR US SENATE

Mailing Address PO BOX 2930

City
JACKSON

State
MS

Zip Code
39207

Purpose of Disbursement
CONTRIBUTION

Candidate Name

HYDE-SMITH, CINDY, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: MS District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			03			2018			

FEC Identification Number

C C00675348

Transaction ID : SB23.I31065

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. FLORIDA VOTES COUNT

Mailing Address PO BOX 9891

City
ARLINGTON

State
VA

Zip Code
22219

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			08			2018			

FEC Identification Number

C C00691337

Transaction ID : SB23.I31072

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. NRSC

Mailing Address 425 2ND STREET NE

City
WASHINGTON

State
DC

Zip Code
20002

Purpose of Disbursement
FLORIDA VOTES COUNT MEMO

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			08			2018			

FEC Identification Number

C C00027466

Transaction ID : SB23.I31073

Amount of Each Disbursement this Period

1000.00

Memo Item

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

6000.00

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

6000.00