

**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)
Prairie Political Action Committee

A. AFTAB FOR OHIO

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 713

City Cincinnati State OH Zip Code 45201-0713

Purpose of Disbursement Contribution

Candidate Name **PUREVAL, AFTAB, , ,**

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: OH District: 01

Date of Disbursement: 07 / 20 / 2018

FEC Identification Number: **C00667519**
Transaction ID : VQZJXAEF8C

Amount of Each Disbursement this Period: 5000.00

Memo Item

B. AMY MCGRATH FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 875

City Georgetown State KY Zip Code 40324-0875

Purpose of Disbursement Contribution

Candidate Name **MCGRATH, AMY, , ,**

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: KY District: 06

Date of Disbursement: 07 / 20 / 2018

FEC Identification Number: **C00646745**
Transaction ID : VQZJXAEF8J

Amount of Each Disbursement this Period: 5000.00

Memo Item

C. ANGIE CRAIG FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 22116

City Eagan State MN Zip Code 55122-0116

Purpose of Disbursement Contribution

Candidate Name **CRAIG, ANGELA DAWN, , ,**

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: MN District: 02

Date of Disbursement: 07 / 20 / 2018

FEC Identification Number: **C00575209**
Transaction ID : VQZJXAEF8I

Amount of Each Disbursement this Period: 5000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 15000.00

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