

**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)  
**American Clinical Laboratory Associaton PAC (LabPAC)**

|   |  |   |   |
|---|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Bill Nelson for U.S. Senate</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>06 / 26 / 2017                    |   |
| Mailing Address 426 C Street NE   |  | FEC Identification Number<br>C 00344051<br><b>Transaction ID : 10615142</b> |   |
| City<br>Washington  | State<br>DC  | Zip Code<br>20002-5839  | Amount of Each Disbursement this Period<br>1000.00<br>Direct Contribution |
| Purpose of Disbursement<br>Direct Contribution  |  | Category/Type<br>011  | <input type="checkbox"/> Memo Item  |
| Candidate Name<br><b>Nelson, Bill, , ,</b>  |  |   |   |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input checked="" type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2018<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |   |
| State: FL District:   |  |   |   |

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

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

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | 1000.00  |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | 20000.00 |