

**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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) MARCO RUBIO FOR US SENATE	Transaction ID: SB23.10 Date of Disbursement
	Mailing Address 2030 SOUTH DOUGLAS RD STE 105	<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2010"/>
	City CORAL GABLES State FL Zip Code 33134	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION GENERAL	<input type="text" value="2600.00"/>
	Candidate Name MARCO RUBIO	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) MARIO DIAZ-BALART FOR CONGRESS	Transaction ID: SB23.15 Date of Disbursement
	Mailing Address 95 MERRICK WAY STE 250	<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2010"/>
	City CORAL GABLES State FL Zip Code 33134	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION GENERAL	<input type="text" value="1000.00"/>
	Candidate Name MARIO DIAZ-BALART	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 21	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) MILLER-MEEKS FOR CONGRESS	Transaction ID: SB23.20 Date of Disbursement
	Mailing Address PO BOX 3091	<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2010"/>
	City IOWA CITY State IA Zip Code 52244	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION GENERAL	<input type="text" value="1000.00"/>
	Candidate Name MARIANNETTE MILLER-MEEKS	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 02	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4600.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>