

**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"/> 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)
TITLETOWN PAC

Full Name (Last, First, Middle Initial)

A. BENISHEK FOR CONGRESS, INC.

Mailing Address PO BOX 108

City State Zip Code
GLADSTONE MI 49837

Purpose of Disbursement
PAC Contribution

001

Candidate Name

DANIEL J. BENISHEK M.D.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		08		2013

Transaction ID : **SB23.4297**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. GARY MILLER FOR CONGRESS

Mailing Address 721 S BREA CANYON RD STE 7

City State Zip Code
DIAMOND BAR CA 91789

Purpose of Disbursement
PAC Contribution

001

Candidate Name

GARY G MILLER

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 31

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		08		2013

Transaction ID : **SB23.4310**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. IOWANS FOR LATHAM

Mailing Address PO BOX 8237

City State Zip Code
DES MOINES IA 50301

Purpose of Disbursement
PAC Contribution

001

Candidate Name

THOMAS LATHAM

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IA District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		08		2013

Transaction ID : **SB23.4307**

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

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