

**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 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Podiatric Medical Association Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. POLIQUIN FOR CONGRESS**

Date of Disbursement  

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 10 |   |   | 07 |   |   | 2018 |   |   |   |

Mailing Address PO BOX 50

City OAKLAND State ME Zip Code 04963

FEC Identification Number  
**C** C00518654  
**Transaction ID : B8EA9F3949:**  
 Amount of Each Disbursement this Period  
 1000.00

Purpose of Disbursement  
2018 General Election Support

Candidate Name  
**Poliquin, Bruce, L., Rep.,**

Category/Type

Office Sought:  House  Senate  President  
 Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼  
 State: ME District:

Memo Item

Full Name (Last, First, Middle Initial)  
**B. QUIGLEY FOR CONGRESS**

Date of Disbursement  

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 10 |   |   | 07 |   |   | 2018 |   |   |   |

Mailing Address PO BOX 13040

City CHICAGO State IL Zip Code 60613

FEC Identification Number  
**C** C00457556  
**Transaction ID : BFF058B435C**  
 Amount of Each Disbursement this Period  
 2000.00

Purpose of Disbursement  
2018 General Election Support

Candidate Name  
**Quigley, Mike, , Rep.,**

Category/Type

Office Sought:  House  Senate  President  
 Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼  
 State: IL District: 05

Memo Item

Full Name (Last, First, Middle Initial)  
**C. RALPH ABRAHAM FOR CONGRESS**

Date of Disbursement  

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 10 |   |   | 07 |   |   | 2018 |   |   |   |

Mailing Address P.O. BOX 270

City ARCHIBALD State LA Zip Code 71218

FEC Identification Number  
**C** C00563940  
**Transaction ID : B43C4C9DA:**  
 Amount of Each Disbursement this Period  
 2000.00

Purpose of Disbursement  
2018 General Election Support

Candidate Name  
**Abraham, Ralph, L., Rep., Jr.**

Category/Type

Office Sought:  House  Senate  President  
 Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼  
 State: LA District: 05

Memo Item

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

5000.00

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