

**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)
Off the Sidelines PAC

Full Name (Last, First, Middle Initial) A. The Committee To Elect Ayanna Pressley		Date of Disbursement MM / DD / YYYY 09 / 12 / 2018
Mailing Address PO Box 240912 554 Washington St		FEC Identification Number C 000667741 Transaction ID : VTD69AAG1/ Amount of Each Disbursement this Period 5000.00
City Dorchester Center	State MA	Zip Code 02124-0015
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name Pressley, Ayanna, , ,		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MA	District: 07	

Full Name (Last, First, Middle Initial) B. Xochitl For New Mexico		Date of Disbursement MM / DD / YYYY 09 / 26 / 2018
Mailing Address PO Box 2250		FEC Identification Number C 000666149 Transaction ID : VTD69AAGQI Amount of Each Disbursement this Period 5000.00
City Las Cruces	State NM	Zip Code 88004-2250
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name Xochitl, Torres Small, , ,		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NM	District: 02	

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

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

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

10000.00
100000.00