

**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)
Project West Political Action Committee

Full Name (Last, First, Middle Initial)

A. Coffman for Congress

Mailing Address 9249 S Broadway Blvd #200-501

City Highlands Ranch State CO Zip Code 80129-5690

Purpose of Disbursement
Political Contribution

Candidate Name
Mike Coffman

Office Sought: House
 Senate
 President
State: CO District: 06

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		18		2014

Transaction ID : **B4E0E9A0459D24A70B36**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. DOLD FOR CONGRESS

Mailing Address PO BOX 8145

City NORTHFIELD State IL Zip Code 60093

Purpose of Disbursement
Political Contribution

Candidate Name
Robert James Dold JR

Office Sought: House
 Senate
 President
State: IL District: 10

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		01		2014

Transaction ID : **B4AED4064AD9D471FA6C**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. TOM REED FOR CONGRESS

Mailing Address PO BOX 450

City VICTOR State NY Zip Code 14564

Purpose of Disbursement
Political Contribution

Candidate Name
Thomas W Reed II

Office Sought: House
 Senate
 President
State: NY District: 23

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		01		2014

Transaction ID : **B9808839516294DB4829**

Amount of Each Disbursement this Period

5000.00

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

11000.00

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

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