

**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)  
**Reclaim America PAC**

**A. FRIENDS OF JOHN MCCAIN INC**

Full Name (Last, First, Middle Initial)

Mailing Address 228 SOUTH WASHINGTON ST STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement CONTRIBUTION

Candidate Name MCCAIN, JOHN, S, ,

Office Sought:  House  Senate  President  
 Disbursement For: 2016  Primary  General  Other (specify) ▼  
 State: AZ District:

Date of Disbursement

MM / DD / YYYY  
08 / 30 / 2016

FEC Identification Number

C C00540310

Transaction ID : SB23.I28961

Amount of Each Disbursement this Period

5000.00

Memo Item

**B. FRIENDS OF MIKE LEE INC**

Full Name (Last, First, Middle Initial)

Mailing Address 917 QUAIL HOLLOW CIRCLE

City ALPINE State UT Zip Code 84004

Purpose of Disbursement CONTRIBUTION

Candidate Name LEE, MIKE, , ,

Office Sought:  House  Senate  President  
 Disbursement For: 2016  Primary  General  Other (specify) ▼  
 State: UT District:

Date of Disbursement

MM / DD / YYYY  
08 / 31 / 2016

FEC Identification Number

C C00473827

Transaction ID : SB23.I28962

Amount of Each Disbursement this Period

5000.00

Memo Item

**C. FRIENDS OF ROY BLUNT**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 10178

City COLUMBIA State MO Zip Code 65205

Purpose of Disbursement CONTRIBUTION

Candidate Name BLUNT, ROY, , ,

Office Sought:  House  Senate  President  
 Disbursement For: 2016  Primary  General  Other (specify) ▼  
 State: MO District:

Date of Disbursement

MM / DD / YYYY  
09 / 29 / 2016

FEC Identification Number

C C00304758

Transaction ID : SB23.I28976

Amount of Each Disbursement this Period

5000.00

Memo Item

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

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

15000.00