

**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)  
**CGB Enterprises Inc PAC (CGB PAC)**

Full Name (Last, First, Middle Initial)

**A. DEFAZIO FOR CONGRESS**

Mailing Address PO BOX 1316

City SPRINGFIELD State OR Zip Code 97477

Purpose of Disbursement contribution

Candidate Name

Office Sought:  House  Senate  President  
State: OR District: 04

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 12 / 2016

Transaction ID : SB23.4865

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF JIM INHOFE**

Mailing Address PO BOX 13300

City OKLAHOMA CITY State OK Zip Code 73113

Purpose of Disbursement contribution

Candidate Name

Office Sought:  House  Senate  President  
State: OK District: 00

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 12 / 2016

Transaction ID : SB23.4866

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. HAL ROGERS FOR CONGRESS**

Mailing Address P.O. BOX 1214

City SOMERSET State KY Zip Code 42502

Purpose of Disbursement contributions

Candidate Name

Office Sought:  House  Senate  President  
State: KY District: 05

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 18 / 2016

Transaction ID : SB23.4867

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

3000.00