

**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)
White Mountain PAC

A.	Full Name (Last, First, Middle Initial) Carl Johnson for State Senate	Transaction ID: SB23.4795 Date of Disbursement
	Mailing Address 42 Dale Rd	<input type="text" value="04"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="05"/>
	City Meredith State NH Zip Code 03253	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="100.00"/>
	Candidate Name	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) CHAFEE FOR SENATE	Transaction ID: SB23.5015 Date of Disbursement
	Mailing Address PO BOX 7329	<input type="text" value="02"/> <input type="text" value="10"/> / <input type="text" value="20"/> <input type="text" value="05"/>
	City WARWICK State RI Zip Code 02887	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="5000.00"/>
	Candidate Name	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) ENSIGN FOR SENATE	Transaction ID: SB23.4772 Date of Disbursement
	Mailing Address PO BOX 26568	<input type="text" value="03"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="05"/>
	City LAS VEGAS State NV Zip Code 89126	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="2500.00"/>
	Candidate Name ENSIGN FOR SENATE	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="7600.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>