

**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)
AbbVie Political Action Committee

Full Name (Last, First, Middle Initial)

A. Moran for Kansas

Mailing Address PO Box 1151

City Hays State KS Zip Code 67601-1151

Purpose of Disbursement
2016 Primary

Category/
Type

Candidate Name

Jerry W. Moran

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: KS District:

Date of Disbursement

/ /

Transaction ID : C6100414B22788637A6

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. New Pioneers PAC

Mailing Address 228 S Washington St Ste 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
2016 Contribution

Category/
Type

Candidate Name

New Pioneers PAC

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼
Contribution

State: District:

Date of Disbursement

/ /

Transaction ID : 7115625833803B72CC0

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Opportunity and Responsibility Restored in our Nation PAC

Mailing Address PO Box 3986

City Washington State DC Zip Code 20027

Purpose of Disbursement
2016 Contribution

Category/
Type

Candidate Name

Opportunity and Responsibility Restored in our Nation PAC

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼
Contribution

State: District:

Date of Disbursement

/ /

Transaction ID : A2C3440FDA717B08077

Amount of Each Disbursement this Period

Memo Item

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

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