

**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)  
**Cerner Corporation PAC**

Full Name (Last, First, Middle Initial)

**A. Toomey for Senate**

Mailing Address PO Box 220

City Orefield State PA Zip Code 18069-0220

Purpose of Disbursement

Candidate Name  
**Toomey, Pat, J., Sen.,**

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

State: PA District:

Date of Disbursement

MM / DD / YYYY  
08 / 24 / 2016

FEC Identification Number

C S4PA00121  
**Transaction ID : BFC1A17479I**  
Amount of Each Disbursement this Period  
3500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. MC PAC**

Mailing Address PO Box 10134

City Bakersfield State CA Zip Code 93389-0134

Purpose of Disbursement

Candidate Name  
**MC PAC**

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

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 24 / 2016

FEC Identification Number

C C00428052  
**Transaction ID : BB23978372A**  
Amount of Each Disbursement this Period  
5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Healthcare Freedom Fund**

Mailing Address PO Box 2485

City Springfield State VA Zip Code 22152-0485

Purpose of Disbursement

Candidate Name  
**Healthcare Freedom Fund**

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

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 26 / 2016

FEC Identification Number

C C00528414  
**Transaction ID : B960D4871F**  
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)..... ▶

13500.00  
79500.00