

**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)
NEW PIONEERS PAC

Full Name (Last, First, Middle Initial)

A. BOBBY SCHILLING FOR CONGRESS

Mailing Address 367 Avenue of The Cities Suite D

City East Moline State IL Zip Code 61244

Purpose of Disbursement
Political Contribution

Candidate Name

MR. ROBERT T SCHILLING

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 17

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	3		2	0	1	4

Transaction ID : SB23.6706

Amount of Each Disbursement this Period

3	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

B. CARLOS CURBELO CONGRESS

Mailing Address 8770 SUNSET DRIVE #355

City MIAMI State FL Zip Code 33173

Purpose of Disbursement
Political Contribution

Candidate Name

CARLOS CURBELO

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: FL District: 26

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	3		2	0	1	4

Transaction ID : SB23.6714

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

C. DOLD FOR CONGRESS

Mailing Address PO Box 8145

City Northfield State IL Zip Code 60093

Purpose of Disbursement
Political Contribution

Candidate Name

ROBERT JAMES DOLD JR

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 10

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	3		2	0	1	4

Transaction ID : SB23.6713

Amount of Each Disbursement this Period

3	0	0	0	0	0	0	0	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

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

1	1	0	0	0	0	0	0	0	0
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