

**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)  
**Progressives Advancing United Leadership (PAULPAC)**

Full Name (Last, First, Middle Initial)

**A. Friends of Cheri Bustos**

Mailing Address 1050 17th Street NW Suite 590

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Contribution

011

Candidate Name

**Cheri Bustos**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 17

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2016

**Transaction ID : SB23.4472**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. LUANN BENNETT FOR CONGRESS**

Mailing Address PO BOX 446

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement  
Contribution

011

Candidate Name

**LuAnn Bennett**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: VA District: 10

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2016

**Transaction ID : SB23.4469**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. MONICA VERNON FOR CONGRESS**

Mailing Address PO BOX 1635

City CEDAR RAPIDS State IA Zip Code 52406

Purpose of Disbursement  
Contribution

011

Candidate Name

**Monica W. Vernon**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IA District: 01

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2016

**Transaction ID : SB23.4468**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

3000.00

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