

**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)
PROGRESSIVE CHOICES PAC

Full Name (Last, First, Middle Initial)

A. KUSTER FOR CONGRESS, INC.

Mailing Address P.O. BOX 1498

City State Zip Code
CONCORD NH 03302

Purpose of Disbursement
Contribution

Candidate Name
ANN MCLANE KUSTER

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: NH District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	4

Transaction ID : SB23.4395

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. PATRICK HENRY HAYS FOR CONGRESS

Mailing Address PO BOX 94886

City State Zip Code
NORTH LITTLE ROCK AR 72190

Purpose of Disbursement
Contribution

Candidate Name
PATRICK HENRY HAYS

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: AR District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	4

Transaction ID : SB23.4410

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. PETE AGUILAR FOR CONGRESS

Mailing Address PO BOX 10954

City State Zip Code
SAN BERNADINO CA 92423

Purpose of Disbursement
Contribution

Candidate Name
PETE AGUILAR

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: CA District: 31

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	4

Transaction ID : SB23.4394

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

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

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

3	0	0	0	0	0	0	0	0	0
3	0	0	0	0	0	0	0	0	0

3	0	0	0	0	0	0	0	0	0
3	0	0	0	0	0	0	0	0	0