

**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)
InterDigital, Inc., PAC

Full Name (Last, First, Middle Initial)
A. Klobuchar For Minnesota

Mailing Address PO Box 4146

City St Paul State MN Zip Code 55104

Purpose of Disbursement
2018 Primary

011
Category/
Type

Candidate Name
Klobuchar, Amy, Jean, ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: MN District:

Date of Disbursement

/ /

FEC Identification Number

C C00431353
Transaction ID : 4A65AF97377

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)
B. LaHood for Congress

Mailing Address P.O. Box 10735

City Peoria State IL Zip Code 61612

Purpose of Disbursement
2018 Primary

011
Category/
Type

Candidate Name
LaHood, Darin, M., ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify)

State: IL District: 18

Date of Disbursement

/ /

FEC Identification Number

C C00575050
Transaction ID : 93AE3370040

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)
C. Majority Committee PAC--Mc PAC

Mailing Address PO Box 10134

City Bakersfield State CA Zip Code 93389-0134

Purpose of Disbursement
2017 Contribution

011
Category/
Type

Candidate Name
Majority Committee PAC--Mc PAC

Office Sought: House Senate President
Disbursement For: 2017 Primary General Other (specify) ▼ Contribution

State: District:

Date of Disbursement

/ /

FEC Identification Number

C C00428052
Transaction ID : EE00843E181

Amount of Each Disbursement this Period

Memo Item

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

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