

**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)
Higher Heights For America PAC

Full Name (Last, First, Middle Initial) A. ILHAN FOR CONGRESS		Date of Disbursement MM / DD / YYYY 08 / 09 / 2018
Mailing Address 400 SOUTH 4TH STREET SUITE 401-200		FEC Identification Number C 00680934 Transaction ID : SB23.5607
City MINNEAPOLIS	State MN	Zip Code 55415
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 2500.00
Candidate Name		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MN	District: 05	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. THE COMMITTEE TO ELECT AYANNA PRESSLEY		Date of Disbursement MM / DD / YYYY 08 / 20 / 2018
Mailing Address PO BOX 240912 554 WASHINGTON STREET		FEC Identification Number C 00667741 Transaction ID : SB23.5612
City DORCHESTER CENTER	State MA	Zip Code 02124
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 1500.00
Candidate Name		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MA	District: 07	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	4000.00
TOTAL This Period (last page this line number only).....▶	8000.00