

**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)
Radiance Technologies, Inc. Political Action Committee

Full Name (Last, First, Middle Initial) A. JOHN KENNEDY FOR US		Date of Disbursement MM / DD / YYYY 03 / 15 / 2017
Mailing Address 2900 CLEARVIEW PKWY SUITE 206		FEC Identification Number C 000608398 Transaction ID : SB23.19183 Amount of Each Disbursement this Period 1000.00
City METAIRIE	State LA	Zip Code 70006
Purpose of Disbursement	Candidate Name JOHN KENNEDY FOR US	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: LA	District: 00	

Full Name (Last, First, Middle Initial) B. MARTHA ROBY FOR CONGRESS		Date of Disbursement MM / DD / YYYY 03 / 13 / 2017
Mailing Address PO BOX 195		FEC Identification Number C 000462143 Transaction ID : SB23.19180 Amount of Each Disbursement this Period 5000.00
City MONTGOMERY	State AL	Zip Code 36101
Purpose of Disbursement	Candidate Name ROBY, MARTHA, , ,	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)	<input type="checkbox"/> Memo Item
State: AL	District: 02	

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	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) ▼	Amount of Each Disbursement this Period
State:	District:	<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	6000.00
TOTAL This Period (last page this line number only).....▶	6000.00