

**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)  
**Keystone America PAC**

Full Name (Last, First, Middle Initial)

**A. Tammy for Illinois**

Mailing Address PO Box 10793

City Chicago State IL Zip Code 60610-0793

Purpose of Disbursement  
Contribution

Candidate Name

**Tammy Duckworth**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	1	5

**Transaction ID : VNTXB9S6362**

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

**B. Friends of Patrick Murphy**

Mailing Address 4521 Pga Blvd  
# 412

City Palm Beach Gardens State FL Zip Code 33418-3997

Purpose of Disbursement  
Contribution

Candidate Name

**Patrick Murphy**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: FL District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	1	5

**Transaction ID : VNTXB9S62W3**

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

**C. Leahy for U.S. Senator**

Mailing Address PO Box 1042

City Montpelier State VT Zip Code 05601-1042

Purpose of Disbursement  
Contribution

Candidate Name

**Patrick Leahy**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: VT District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	1	5

**Transaction ID : VNTXB9S6305**

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

6	0	0	0	0	0	0	0	0	0
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2	0	0	0	0	0	0	0	0	0
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