

**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)  
**CROP INSURANCE REINSURANCE BUREAU (CIRB)-PAC**

**A. CONAWAY FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 51272

City MIDLAND State TX Zip Code 79710

Purpose of Disbursement  Category/Type

Candidate Name

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

State: TX District: 11

Date of Disbursement: 04 / 26 / 2017

FEC Identification Number: C00383828  
Transaction ID : SB23.4306  
Amount of Each Disbursement this Period: 2500.00

Memo Item

**B. FRIENDS OF CHERI BUSTOS**

Full Name (Last, First, Middle Initial)  
Mailing Address 1050 17TH ST NW STE 590

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement  Category/Type

Candidate Name

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

State: IL District: 17

Date of Disbursement: 04 / 26 / 2017

FEC Identification Number: C00498568  
Transaction ID : SB23.4305  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**C. PAT ROBERTS VICTORY COMMITTEE, THE**

Full Name (Last, First, Middle Initial)  
Mailing Address 610 S. BOULEVARD

City TAMPA State FL Zip Code 33606

Purpose of Disbursement  Category/Type

Candidate Name

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

State: KS District: 00

Date of Disbursement: 05 / 04 / 2017

FEC Identification Number: C00461095  
Transaction ID : SB23.4309  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 4500.00

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