

**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)

League of Conservation Voters Action Fund

Full Name (Last, First, Middle Initial)

A. LOBO PAC

Mailing Address PO BOX 492

City ALBUQUERQUE State NM Zip Code 87103

Purpose of Disbursement
Contribution to Committee

Candidate Name

Office Sought: House Senate President

Disbursement For: 2015
 Primary General
 Other (specify) Other2015

State:

District:

Date of Disbursement

MM / DD / YYYY
10 / 28 / 2015

Transaction ID : **BD0B9D10D49D94B1888D**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. LOFGREN FOR CONGRESS

Mailing Address C/O CONTRIBUTION SOLUTIONS, LLC
123 E. SAN CARLOS ST., #531

City SAN JOSE State CA Zip Code 95112

Purpose of Disbursement
Contribution to Committee

Candidate Name

Rep. Zoe Lofgren

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: CA

District: 16

Date of Disbursement

MM / DD / YYYY
10 / 30 / 2015

Transaction ID : **BB75FBE69BDDC4A9C9FE**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. MIDWEST VALUES PAC

Mailing Address PO BOX 583232

City MINNEAPOLIS State MN Zip Code 55458

Purpose of Disbursement
Contribution to Committee

Candidate Name

Office Sought: House Senate President

Disbursement For: 2015
 Primary General
 Other (specify)

State:

District:

Date of Disbursement

MM / DD / YYYY
10 / 27 / 2015

Transaction ID : **B230AE47B03FF44D5949**

Amount of Each Disbursement this Period

1500.00

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

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

5000.00