

**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)  
**Thompson Coburn Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Elise For Congress**

Mailing Address PO Box 500

City Glens Falls State NY Zip Code 12801

Purpose of Disbursement contribution

Category/Type

Candidate Name  
**Stefanik, Elise, M, ,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  
 Primary  General  Other (specify) ▼  
State: NY District: 21

Date of Disbursement  
M M / D D / Y Y Y Y Y Y  
10 / 18 / 2018

FEC Identification Number  
**C** C00547893  
**Transaction ID : SB23-EX1449**  
Amount of Each Disbursement this Period  
1000.00  
contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Tina Smith For Minnesota**

Mailing Address PO Box 14362

City Saint Paul State MN Zip Code 55114

Purpose of Disbursement

Category/Type

Candidate Name  
**Smith, Tina, , ,**

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

Date of Disbursement  
M M / D D / Y Y Y Y Y Y  
10 / 23 / 2018

FEC Identification Number  
**C** C00663781  
**Transaction ID : SB23-EX1454**  
Amount of Each Disbursement this Period  
1000.00  
Political Contributions

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/Type

Candidate Name

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

Date of Disbursement  
M M / D D / Y Y Y Y Y Y

FEC Identification Number  
**C**  
Amount of Each Disbursement this Period

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	7000.00