

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" 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)

AMERICAN ASSOCIATION FOR JUSTICE POLITICAL ACTION COMMITTEE (AAJ PAC)

Full Name (Last, First, Middle Initial)

A. O'Leary, Leslie, W., , Esq.

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
06		27		2019

Mailing Address 2215 Lathen Way

City
EugeneState
ORZip Code
97408-4823

FEC Identification Number

C**Transaction ID : 13508479**

Amount of Each Disbursement this Period

1000.00

☐ Refund of Contribution from
Memo Item Corporation

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

010

Category/
Type

Full Name (Last, First, Middle Initial)

B. Schulte, Richard, W., , Esq.

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
06		27		2019

Mailing Address 865 S. Dixie Dr.

City
VandaliaState
OHZip Code
45377-2645

FEC Identification Number

C**Transaction ID : 13508480**

Amount of Each Disbursement this Period

600.00

☐ Refund of Contribution from
Memo Item Individual

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

010

Category/
Type

Full Name (Last, First, Middle Initial)

C. Law Offices of Peter T. Nicholl

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
06		27		2019

Mailing Address 36 S. Charles St., Ste. 1700

City
BaltimoreState
MDZip Code
21201

FEC Identification Number

C**Transaction ID : 13508481**

Amount of Each Disbursement this Period

360.00

☐ Refund of Contribution from
Memo Item Partnership

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

010

Category/
Type**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1960.00