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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
Delta Dental Plans Association PAC

A. Full Name (Last, First, Middle Initial)
MCCONNELL SENATE COMMITTEE '14

Mailing Address PO BOX 1496

City: LOUISVILLE State: KY Zip Code: 40201

Purpose of Disbursement: Void of 6/19/14 Contribution

Candidate Name: MITCH MCCONNELL

Category/Type

Office Sought: ☐ House ☒ Senate ☐ President
State: KY District: 00

Disbursement For: 2014
☐ Primary ☒ General
☐ Other (specify)

Date of Disbursement: 07 / 28 / 2014

Transaction ID : SB23.5442

Amount of Each Disbursement this Period: -2500.00

B. Full Name (Last, First, Middle Initial)
O2

Mailing Address 600 PENNSYLVANIA AVE SE SUITE 210

City: WASHINGTON State: DC Zip Code: 20003

Purpose of Disbursement:

Candidate Name:

Category/Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify)

Date of Disbursement: 07 / 01 / 2014

Transaction ID : SB23.5448

Amount of Each Disbursement this Period: 2000.00

C. Full Name (Last, First, Middle Initial)
REPUBLICAN PARTY OF KENTUCKY

Mailing Address PO BOX 1068

City: FRANKFORT State: KY Zip Code: 40602

Purpose of Disbursement:

Candidate Name:

Category/Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify)

Date of Disbursement: 07 / 31 / 2014

Transaction ID : SB23.5453

Amount of Each Disbursement this Period: 2500.00

SUBTOTAL of Disbursements This Page (optional) ▶ 2000.00

TOTAL This Period (last page this line number only) ▶ 10500.00