

**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)

FAMILY RESEARCH COUNCIL ACTION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. BIRMAN FOR CONGRESS

Mailing Address PO BOX 647

City FOLSOM State CA Zip Code 95763

Purpose of Disbursement Contribution

011

Candidate Name

IGOR A BIRMAN

Category/
Type

Office Sought: House Senate President
State: CA District: 07

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 18 / 2014

Transaction ID : SB23.22393

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. GARY PALMER FOR CONGRESS

Mailing Address 1919 OXMOOR RD #235

City HOMEWOOD State AL Zip Code 35209

Purpose of Disbursement Contribution

011

Candidate Name

GARY PALMER

Category/
Type

Office Sought: House Senate President
State: AL District: 06

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 26 / 2014

Transaction ID : SB23.22397

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. JIM TRACY FOR CONGRESS

Mailing Address PO BOX 332490

City MURFREESBORO State TN Zip Code 37133

Purpose of Disbursement Contribution

011

Candidate Name

JIM TRACY

Category/
Type

Office Sought: House Senate President
State: TN District: 04

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 18 / 2014

Transaction ID : SB23.22395

Amount of Each Disbursement this Period

1000.00

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

2500.00

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