

**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)
SOUTHWEST GAS CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. ROSEN, JACKY, , ,		Date of Disbursement MM / DD / YYYY 03 / 27 / 2017	
Mailing Address PO BOX 27195		FEC Identification Number C S8NV00156 Transaction ID : SB23.11335	
City LAS VEGAS	State NV	Zip Code 89126	Amount of Each Disbursement this Period 1500.00
Purpose of Disbursement Contribution		Category/ Type 011	Memo Item <input type="checkbox"/>
Candidate Name ROSEN, JACKY, , ,			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NV	District: 00		

Full Name (Last, First, Middle Initial) B. TITUS FOR CONGRESS		Date of Disbursement MM / DD / YYYY 04 / 06 / 2017	
Mailing Address PO BOX 72454		FEC Identification Number C C00499467 Transaction ID : SB23.11347	
City LAS VEGAS	State NV	Zip Code 89170	Amount of Each Disbursement this Period 2500.00
Purpose of Disbursement Contribution		Category/ Type 011	Memo Item <input type="checkbox"/>
Candidate Name TITUS FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NV	District: 01		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY	
Mailing Address		FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		Category/ Type	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....▶	4000.00
TOTAL This Period (last page this line number only).....▶	19000.00