

**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)
BNSF Railway Company RAILPAC (BNSF RAILPAC)

Full Name (Last, First, Middle Initial)

A. LOBO PAC

Mailing Address P.O. Box 25852

City Albuquerque State NM Zip Code 87125

Purpose of Disbursement Contribution

Category/Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2017
 Primary General
 Other (specify) ▼ Not Applicable

Date of Disbursement
M M / D D / Y Y Y Y Y Y
10 / 27 / 2017

FEC Identification Number

Transaction ID : B668085
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Marc Veasey Congressional Campaign Cmte

Mailing Address 499 S. Capitol St. SW Ste 422

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution

Category/Type

Candidate Name

Veasey, Marc, , ,

Office Sought: House Senate President
State: TX District: 33

Disbursement For: 2018
 Primary General
 Other (specify)

Date of Disbursement
M M / D D / Y Y Y Y Y Y
10 / 27 / 2017

FEC Identification Number

Transaction ID : B668081
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Schneider for Congress

Mailing Address 415 New Jersey Ave. SE #1

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution

Category/Type

Candidate Name

Schneider, Brad, , ,

Office Sought: House Senate President
State: IL District: 10

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement
M M / D D / Y Y Y Y Y Y
10 / 27 / 2017

FEC Identification Number

Transaction ID : B668079
Amount of Each Disbursement this Period

Memo Item

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

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