

**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 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b					

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NAME OF COMMITTEE (In Full)
MOTORCYCLE PAC OF MINNESOTA

A.

Full Name (Last, First, Middle Initial) **KLINE FOR CONGRESS**

Date of Disbursement **09 / 22 / 2014**

Mailing Address **101 WEST BURNVILLE PKWY #104**

City **BURNVILLE** State **MN** Zip Code **55337**

Purpose of Disbursement **CONTRIBUTION TO CANDIDATE** Category/Type **0.1.1**

Candidate Name **JOHN KLINE**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) **Amount of Each Disbursement this Period **500.00****

State: **MN** District: **2**

B.

Full Name (Last, First, Middle Initial) **EMMER FOR CONGRESS**

Date of Disbursement **09 / 23 / 2014**

Mailing Address **P.O. BOX 998**

City **ANOKA** State **MN** Zip Code **55303**

Purpose of Disbursement **CONTRIBUTION TO CANDIDATE** Category/Type **0.1.1**

Candidate Name **TOM EMMER**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) **Amount of Each Disbursement this Period **1,000.00****

State: **MN** District: **6**

C.

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City State Zip Code

Purpose of Disbursement Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) **Amount of Each Disbursement this Period**

State: District:

SUBTOTAL of Disbursements This Page (optional)..... **1,500.00**

TOTAL This Period (last page this line number only)..... **6,500.00**

1430011-1000-1-0000