

**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)
Ready PAC

Full Name (Last, First, Middle Initial) A. Minnesota DFL Party		Date of Disbursement MM / DD / YYYY 05 / 23 / 2014
Mailing Address 255 Plato Blvd E		Transaction ID : VN7F49SC1E4
City Saint Paul	State MN	
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 400.00
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: _____	

Full Name (Last, First, Middle Initial) B. Minnesota DFL Party		Date of Disbursement MM / DD / YYYY 06 / 30 / 2014
Mailing Address 255 Plato Blvd E		Transaction ID : VN7F49SC1Z8
City Saint Paul	State MN	
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 5000.00
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: _____	

Full Name (Last, First, Middle Initial) C. Montana Democratic Party		Date of Disbursement MM / DD / YYYY 06 / 30 / 2014
Mailing Address 303 N Ewing St		Transaction ID : VN7F49SC529
City Helena	State MT	
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 5000.00
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).....▶	10400.00
TOTAL This Period (last page this line number only).....▶	