

**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)  
**Kutak Rock LLP Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. BRAD ASHFORD FOR CONGRESS**

Mailing Address 7926 SHIRLEY CIR

City OMAHA State NE Zip Code 68124

Purpose of Disbursement  
Candidate for U.S. House of Representatives

011

Candidate Name

**BRAD ASHFORD**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NE District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			11			2015			

Transaction ID : SB23.8612

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**B. BRAD ASHFORD FOR CONGRESS**

Mailing Address 7926 SHIRLEY CIR

City OMAHA State NE Zip Code 68124

Purpose of Disbursement  
Candidate for U.S. House of Representatives

011

Candidate Name

**BRAD ASHFORD**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NE District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			11			2015			

Transaction ID : SB23.8613

Amount of Each Disbursement this Period

500.00
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Full Name (Last, First, Middle Initial)

**C. COLE FOR CONGRESS**

Mailing Address P.O. BOX 722256

City NORMAN State OK Zip Code 73070

Purpose of Disbursement  
Candidate for U.S. House of Representatives

011

Candidate Name

**TOM COLE**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OK District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			05			2015			

Transaction ID : SB23.8608

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

2000.00
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**TOTAL** This Period (last page this line number only)..... ▶

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