

**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)  
**Mutual of Omaha Companies PAC (IMPAC)**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF MARK WARNER**

Mailing Address 201 NORTH UNION STREET SUITE 300

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement

Candidate Name  
**Sen. Mark R. Warner**

Office Sought:  House  
 Senate  
 President  
State: VA District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 18 / 2014

Transaction ID : B38A5F295B088428994D

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. JONI ERNST FOR SENATE INC**

Mailing Address PO BOX 93441

City DES MOINES State IA Zip Code 50393

Purpose of Disbursement

Candidate Name  
**Joni K Ernst**

Office Sought:  House  
 Senate  
 President  
State: IA District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 04 / 2014

Transaction ID : B651B283FD2274DC1BF9

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. MCFADDEN FOR SENATE**

Mailing Address PO BOX 4039

City SAINT PAUL State MN Zip Code 55104

Purpose of Disbursement

Candidate Name  
**Michael Mcfadden**

Office Sought:  House  
 Senate  
 President  
State: MN District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 18 / 2014

Transaction ID : BAE115D6DD4064ED69C9

Amount of Each Disbursement this Period

2000.00

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

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

5500.00