

**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)

Jump Into Action for Conservatives to Keep our Ideas Elevated PAC

Full Name (Last, First, Middle Initial)

A. HURD FOR CONGRESS

Mailing Address P.O. BOX 761029

City
SAN ANTONIO

State
TX

Zip Code
78245

Purpose of Disbursement

Candidate Name

HURD, WILLIAM, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: TX District: 23

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	4		2	0	1	8

FEC Identification Number

C C00545467

Transaction ID : SB23.I5367

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
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Memo Item

Full Name (Last, First, Middle Initial)

B. LEA MARQUEZ PETERSON FOR CONGRESS

Mailing Address PO BOX 40935

City
TUCSON

State
AZ

Zip Code
85717

Purpose of Disbursement

Candidate Name

MARQUEZ PETERSON, LEA, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: AZ District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	8

FEC Identification Number

C C00663054

Transaction ID : SB23.I5187

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
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Memo Item

Full Name (Last, First, Middle Initial)

C. MARTHA ROBY FOR CONGRESS

Mailing Address PO BOX 195

City
MONTGOMERY

State
AL

Zip Code
36101

Purpose of Disbursement

Candidate Name

ROBY, MARTHA, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: AL District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	1	8

FEC Identification Number

C C00462143

Transaction ID : SB23.I5320

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
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Memo Item

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

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

7	5	0	0	.	0	0
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