

**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)
Fluor Corporation Political Action Committee (Fluor PAC)

Full Name (Last, First, Middle Initial)

A. Robert Aderholt For Congress

Mailing Address P. O. Box 1158

City State Zip Code
Haleyville AL 35565

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name

Rep. Robert Aderholt

Office Sought: House
 Senate
 President
State: AL District: 04

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 69899211

Amount of Each Disbursement this Period

Memo Item
Contribution

Full Name (Last, First, Middle Initial)

B. Richmond For Congress

Mailing Address 1631 Elysian Fields
Suite 150

City State Zip Code
New Orleans LA 70126

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name

Rep. Cedric Richmond

Office Sought: House
 Senate
 President
State: LA District: 02

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 69899214

Amount of Each Disbursement this Period

Memo Item
Contribution

Full Name (Last, First, Middle Initial)

C. Volunteers For Shimkus

Mailing Address PO Box 661

City State Zip Code
Collinsville IL 62234

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name

Rep. John M. Shimkus

Office Sought: House
 Senate
 President
State: IL District: 15

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 69899218

Amount of Each Disbursement this Period

Memo Item
Contribution

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

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