

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)
National Pro-Life Alliance PAC

Full Name (Last, First, Middle Initial)
A. CRAMER FOR SENATE

Mailing Address PO BOX 396

City BISMARCK State ND Zip Code 58502

Purpose of Disbursement

Candidate Name
CRAMER, KEVIN MR., , ,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General
 Other (specify) ▼
State: ND District: 01

Date of Disbursement
MM / DD / YYYY
10 / 24 / 2018

FEC Identification Number
C C00504704
Transaction ID : SB23.28476
Amount of Each Disbursement this Period
2500.00

Memo Item

Full Name (Last, First, Middle Initial)
B. DAN CRENSHAW FOR CONGRESS

Mailing Address 5900 MEMORIAL DRIVE
SUITE 215

City HOUSTON State TX Zip Code 77007

Purpose of Disbursement

Candidate Name
CRENSHAW, DANIEL, , ,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General
 Other (specify) ▼
State: TX District: 02

Date of Disbursement
MM / DD / YYYY
10 / 24 / 2018

FEC Identification Number
C C00660795
Transaction ID : SB23.28581
Amount of Each Disbursement this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)
C. DIANE HARKEY FOR CONGRESS

Mailing Address 31878 DEL OBISPO #118-106

City SAN JUAN CAPISTRAN State CA Zip Code 92675

Purpose of Disbursement

Candidate Name
HARKEY, DIANE, , ,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General
 Other (specify) ▼
State: CA District: 49

Date of Disbursement
MM / DD / YYYY
10 / 24 / 2018

FEC Identification Number
C C00665513
Transaction ID : SB23.28489
Amount of Each Disbursement this Period
500.00

Memo Item

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

4000.00

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