

**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

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NAME OF COMMITTEE (In Full)
MOTORCYCLE PAC OF MINNESOTA

A.

Full Name (Last, First, Middle Initial) **PETE STAUBER FOR CONGRESS**

Date of Disbursement **10 / 08 / 2018**

Mailing Address **4960 MILLER TRUNK HIGHWAY SUITE 700**

City **HERMANTOWN** State **MN** Zip Code **55811**

Purpose of Disbursement **POLITICAL CONTRIBUTION**

Candidate Name **PETE STAUBER** Category/Type **011**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **MN** District: **8**

Amount of Each Disbursement this Period **1,000.00**

B.

Full Name (Last, First, Middle Initial) **FRIENDS OF HAGEDORN**

Date of Disbursement **10 / 08 / 2018**

Mailing Address **11 CIVIC CENTRAL PLAZA SUITE 007**

City **MANKATO** State **MN** Zip Code **56001**

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **MN** District: **1**

Amount of Each Disbursement this Period **1,000.00**

C.

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional).....▶	2,000.00
TOTAL This Period (last page this line number only).....▶	2,000.00

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