

**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)						PAGE	OF
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
Consumer Credit Insurance Association DBA Consumer Credit Industry Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Wenstrup for Congress		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address PO Box 9551		Amount of Each Disbursement this Period 1,000.00
City Cincinnati	State OH	
Zip Code 45209		Category/ Type 011
Purpose of Disbursement Contribution		
Candidate Name Brad Wenstrup		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District: 2nd	

Full Name (Last, First, Middle Initial) B. Pekin Life Insurance Company		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 2505 Court Street		Amount of Each Disbursement this Period 1,000.00
City Pekin	State IL	
Zip Code 61558		Category/ Type 010
Purpose of Disbursement Return of Contribution		
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Note: Form 99 was sent in with July 2015 filing. This explains refund along with evidence refund was made.

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code		Category/ Type
Purpose of Disbursement		
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

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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