

**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)

**DEFENDING AND INVESTING IN AMERICA'S NEW ENDEAVORS PAC (DIANE PAC)**

Full Name (Last, First, Middle Initial)

**A. ERIN HOUCHIN FOR CONGRESS**

Mailing Address PO BOX 234

City SALEM State IN Zip Code 47167

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**ERIN HOUCHIN**

Office Sought:  House  
 Senate  
 President  
State: IN District: 09

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Transaction ID : SB23.5134

Amount of Each Disbursement this Period

3	0	0	0	0	0	0	0	0	0
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Memo Item

Full Name (Last, First, Middle Initial)

**B. TENNESSEE REPUBLICAN PARTY**

Mailing Address 2424 21ST AVE STE 200

City NASHVILLE State TN Zip Code 37212

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	7		2	0	1	6

Transaction ID : SB23.5140

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
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Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

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Memo Item

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

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

5	5	0	0	0	0	0	0	0	0
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5	5	0	0	0	0	0	0	0	0
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