

**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 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)

*Express Services Inc PAC*

Full Name (Last, First, Middle Initial)

A.

*Cole for Congress*

Mailing Address

*PO Box 722256*

City

*Norman*

State

*OK*

Zip Code

*73070*

Purpose of Disbursement

*General*

Candidate Name

*Tom Cole*

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State: *OK*

District: *4th*

Date of Disbursement

*05 / 20 / 2011*

Amount of Each Disbursement this Period

*1,000.00*

B.

Full Name (Last, First, Middle Initial)

*CD0084491*

Mailing Address

*1501 K Street NW*

City

*Washington*

State

*DC*

Zip Code

*20005*

Purpose of Disbursement

*General*

Candidate Name

*Fran PAC*

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

*06 / 24 / 2011*

Amount of Each Disbursement this Period

*2,500.00*

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

Amount of Each Disbursement this Period

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

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

*3,500.00*

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