

**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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
GOPAC Election Fund

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) ▼

Date of Disbursement: MM / DD / YYYY
04 / 06 / 2016

Transaction ID : **SB23B9.994**

Amount of Each Disbursement this Period: 2500.00

Memo Item

Full Name (Last, First, Middle Initial)
B. GOWAN FOR ARIZONA INC.

Mailing Address PO BOX 1985

City SIERRA VISTA State AZ Zip Code 85636

Purpose of Disbursement CONTRIBUTION

Candidate Name **DAVID MATTHEW GOWAN SR.**

Office Sought: House Senate President
State: AZ District: 01

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
04 / 06 / 2016

Transaction ID : **SB23B9.993**

Amount of Each Disbursement this Period: 2500.00

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) ▼

Date of Disbursement: MM / DD / YYYY

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	5000.00