

**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)
MERITAGE HOMES CORPORATION PAC

Full Name (Last, First, Middle Initial)

A. BENNET FOR COLORADO

Mailing Address PO BOX 3078

City DENVER State CO Zip Code 80201

Purpose of Disbursement
Contribution

011

Candidate Name

MICHAEL F BENNET

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CO District: 00

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 28 / 2016

Transaction ID : **SB23.7309**

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. MOONEY FOR CONGRESS

Mailing Address P.O. BOX 1863

City MARTINSBURG State WV Zip Code 25402

Purpose of Disbursement
Contribution

011

Candidate Name

ALEXANDER XAVIER MOONEY

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WV District: 02

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 28 / 2016

Transaction ID : **SB23.7305**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Memo Item

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

3000.00

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

3000.00