

**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)
CULAC the PAC of Credit Union National Association

Full Name (Last, First, Middle Initial)

A. Comstock For Congress

Mailing Address PO Box 71596

City Richmond State VA Zip Code 23255

Purpose of Disbursement

011

Category/
Type

Candidate Name

Barbara Comstock

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: VA District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		07		2014

Transaction ID : 1642365

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Justin Amash For Congress

Mailing Address 1500 E Beltline Ave Se Ste 250

City Grand Rapids State MI Zip Code 49506

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Justin Amash

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		09		2014

Transaction ID : 1642922

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Upper Hand Fund

Mailing Address PO BOX 2485

City Springfield State VA Zip Code 22152

Purpose of Disbursement

011

Category/
Type

Candidate Name

Upper Hand Fund

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		09		2014

Transaction ID : 1642923

Amount of Each Disbursement this Period

2500.00

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

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

10000.00

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