

**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)

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<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)
TRUST PAC TEAM REPUBLICANS FOR UTILIZING SENSIBLE TACTICS

A.	Full Name (Last, First, Middle Initial) PORTER FOR CONGRESS	Transaction ID: SB23.4321 Date of Disbursement
	Mailing Address 7840 Red Leaf Drive	<input type="text" value="06"/> / <input type="text" value="25"/> / <input type="text" value="2008"/>
	City Las Vegas State NV Zip Code 89131	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1403.61"/>
	Candidate Name JON SR PORTER	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) SCHOCK FOR CONGRESS	Transaction ID: SB23.4365 Date of Disbursement
	Mailing Address PO Box 10555	<input type="text" value="06"/> / <input type="text" value="25"/> / <input type="text" value="2008"/>
	City Peoria State IL Zip Code 61612	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name AARON SCHOCK	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 18	Disbursement For: 1000 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) SCHURING FOR CONGRESS COMMITTEE	Transaction ID: SB23.4366 Date of Disbursement
	Mailing Address 400 MARKET AVE NORTH SUITE 400	<input type="text" value="06"/> / <input type="text" value="25"/> / <input type="text" value="2008"/>
	City CANTON State OH Zip Code 44702	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name KIRK SCHURING	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 16	Disbursement For: 1000 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3403.61"/>
TOTAL This Period (last page this line number only)	<input type="text"/>