

**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)

Americans Nationwide Dedicated to Electing Republicans PAC

Full Name (Last, First, Middle Initial)

A. Mike Bost For Congress Committee

Mailing Address PO Box 1212

City State Zip Code
Murphysboro IL 62966-1212

Purpose of Disbursement
Political Contribution: General Election

011

Candidate Name

Michael Bost

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 12

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	7		2	0	1	4

Transaction ID : SB23-594-1012-e

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

B. Carlos Curbelo Congress

Mailing Address 8770 SW 72nd Street
355

City State Zip Code
Miami FL 33173-3512

Purpose of Disbursement
Political Contribution: General Election

011

Candidate Name

Carlos Curbelo

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: FL District: 26

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	7		2	0	1	4

Transaction ID : SB23-591-1015-e

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

C. Friends Of Frank Guinta

Mailing Address PO Box 877

City State Zip Code
Manchester NH 03105-0877

Purpose of Disbursement
Political Contribution: General Election

011

Candidate Name

Frank Guinta

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NH District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	7		2	0	1	4

Transaction ID : SB23-593-1011-e

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

1	2	5	0	0	0	0	0	0	0
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TOTAL This Period (last page this line number only)..... ▶

1	2	5	0	0	0	0	0	0	0
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