

**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)  
**INGRAM BARGE COMPANY POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. MARK PRYOR FOR US SENATE**

Mailing Address PO BOX 2720

City State Zip Code  
LITTLE ROCK AR 72203

Purpose of Disbursement  
Contribution

Candidate Name

**MARK LUNSFORD PRYOR**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: AR District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	4		2	0	1	4

**Transaction ID : SB23.8125**

Amount of Each Disbursement this Period

1	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

**B. SIMPSON FOR CONGRESS**

Mailing Address 1487 PARKWAY DRIVE

City State Zip Code  
BLACKFOOT ID 83221

Purpose of Disbursement  
Contribution

Candidate Name

**MICHAEL SIMPSON**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: ID District: 02

Date of Disbursement

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

**Transaction ID : SB23.8103**

Amount of Each Disbursement this Period

1	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

**C. Tennessee Republican Party**

Mailing Address 2424 21st Ave., Suite 200

City State Zip Code  
Nashville TN 37212

Purpose of Disbursement  
2014 Contribution

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
0	5		0	2		2	0	1	4

**Transaction ID : SB23.8124**

Amount of Each Disbursement this Period

1	0	0	0	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

3	0	0	0	0	0
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1	0	0	0	0	0
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