

**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)

Supporting House Problem Solvers - SHP PAC

Full Name (Last, First, Middle Initial)

A. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		14		2015

Mailing Address 430 SOUTH CAPITOL STREET, SE
2ND FLOOR

Transaction ID : SB23.4184

City WASHINGTON State DC Zip Code 20003

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Contribution

Category/ Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. FRIENDS OF PETE GALLEGO

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		28		2015

Mailing Address PO BOX 1781

Transaction ID : SB23.4188

City SAN ANTONIO State TX Zip Code 78296

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Contribution

Category/ Type

Candidate Name

PETE GALLEGO

Office Sought: House Senate President
State: TX District: 23

Disbursement For: 2016 Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. GRAHAM FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		11		2015

Mailing Address PO BOX 310

Transaction ID : SB23.4186

City TALLAHASSEE State FL Zip Code 32302

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Contribution

Category/ Type

Candidate Name

GWEN GRAHAM

Office Sought: House Senate President
State: FL District: 02

Disbursement For: 2016 Primary General Other (specify) ▼

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

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

3000.00

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