

**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)

CROP INSURANCE PROFESSIONALS ASSOCIATION PAC-CIPA PAC

Full Name (Last, First, Middle Initial)

A. POE FOR CONGRESS

Mailing Address P.O. BOX 14222

City State Zip Code
HUMBLE TX 77347

Purpose of Disbursement
Political Contribution

Candidate Name

TED POE

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TX District: 02

Date of Disbursement

MM / DD / YYYY
06 / 28 / 2016

Transaction ID : **SB23.5795**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. RALPH ABRAHAM FOR CONGRESS

Mailing Address PO BOX 14062

City State Zip Code
MONROE LA 71207

Purpose of Disbursement
Political Contribution

Candidate Name

DR RALPH ABRAHAM JR

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: LA District: 05

Date of Disbursement

MM / DD / YYYY
06 / 28 / 2016

Transaction ID : **SB23.5796**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. RICHARD BURR COMMITTEE; THE

Mailing Address POST OFFICE BOX 5928

City State Zip Code
WINSTON-SALEM NC 27113

Purpose of Disbursement
Political Contribution

Candidate Name

RICHARD BURR

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NC District: 00

Date of Disbursement

MM / DD / YYYY
06 / 25 / 2016

Transaction ID : **SB23.5797**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

3000.00

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