

**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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**BROWN-FORMAN CORPORATION NON-PARTISAN COMMITTEE FOR RESPONSIBLE GOVERNMENT**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF SCOTT DESJARLAIS**

Mailing Address P O BOX 90133

City NASHVILLE State TN Zip Code 37209

Purpose of Disbursement  
Contribution

011

Candidate Name

**SCOTT EUGENE DESJARLAIS**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TN District: 04

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
08 / 02 / 2016

Transaction ID : SB23.49996

Amount of Each Disbursement this Period

1348.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. STEVE COHEN FOR CONGRESS**

Mailing Address 349 KENILWORTH PLACE

City MEMPHIS State TN Zip Code 38112

Purpose of Disbursement  
Contribution

011

Candidate Name

**STEPHEN IRA COHEN**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TN District: 09

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
08 / 02 / 2016

Transaction ID : SB23.49992

Amount of Each Disbursement this Period

3500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

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 Y Y

Amount of Each Disbursement this Period

Memo Item

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

4848.00

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

16848.00