

**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)  
**Flagstar Bank Federal PAC**

Full Name (Last, First, Middle Initial)

**A. AMERICAN MID-SIZED BANKS (AMSB) POLITICAL ACTION COMMITTEE**

Mailing Address 555 SOUTH FLOWER STREET  
12TH FLOOR

City LOS ANGELES State CA Zip Code 90071

Purpose of Disbursement  
Direct Cont.

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB23.27111**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. KELLY A AYOTTE**

Mailing Address PO BOX 937

City MANCHESTER State NH Zip Code 03105

Purpose of Disbursement  
direct

Candidate Name

**FRIENDS OF KELLY AYOTTE INC**

Office Sought:  House  Senate  President  
State: NH District: 00

Disbursement For: 2016  Primary  General  Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB23.27432**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. JOHN BERGMAN**

Mailing Address N3465 SYLVAN ISLE DRIVE

City WATERSMEET State MI Zip Code 49969

Purpose of Disbursement  
Direct Cont.

Candidate Name

**BERGMANFORCONGRESS**

Office Sought:  House  Senate  President  
State: MI District: 01

Disbursement For: 2016  Primary  General  Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB23.27109**

Amount of Each Disbursement this Period

Memo Item

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

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