

**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)
American Clinical Laboratory Associaton PAC (LabPAC)

Full Name (Last, First, Middle Initial)

A. Renee Ellmers For Congress Committee

Mailing Address PO Box 99567

City Raleigh State NC Zip Code 27624

Purpose of Disbursement
Direct Contribution

Category/
Type

Candidate Name
Rep. Renee Ellmers RN

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: NC District: 02

Date of Disbursement

/ /

Transaction ID : 8507444

Amount of Each Disbursement this Period

Direct Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Mark Warner

Mailing Address 2034 Eisenhower Avenue, Suite 222

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Direct Contribution

Category/
Type

Candidate Name
Sen. Mark Warner

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: VA District:

Date of Disbursement

/ /

Transaction ID : 8508487

Amount of Each Disbursement this Period

Direct Contribution

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

/ /

Amount of Each Disbursement this Period

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

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