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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25
☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29

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)
COMMITTEE ON POLITICAL ACTION OF THE AMERICAN POSTAL WORKERS UNION

A.
Full Name (Last, First, Middle Initial)
FRIENDS OF JOHN CONYERS

Mailing Address
300 NORTH LEE STREET SUITE 500

City: ALEXANDRIA | State: VA | Zip Code: 22314

Purpose of Disbursement
Contributions

Candidate Name
FRIENDS OF JOHN CONYERS

Category/Type

Office Sought: X House / Senate / President
State: MI District: 14

Disbursement For: X Primary / General / Other (specify)

Date of Disbursement
06 29 2001

Amount of Each Disbursement this Period
1000.00

Transaction ID: SB23.6386

B.
Full Name (Last, First, Middle Initial)
FRIENDS OF LANE EVANS COMMITTEE

Mailing Address
PO BOX 5263

City: ROCK ISLAND | State: IL | Zip Code: 61204

Purpose of Disbursement
Contribution

Candidate Name
FRIENDS OF LANE EVANS COMMITTEE

Category/Type

Office Sought: X House / Senate / President
State: IL District: 17

Disbursement For: X Primary / General / Other (specify)

Date of Disbursement
03 14 2001

Amount of Each Disbursement this Period
1000.00

Transaction ID: SB23.6296

C.
Full Name (Last, First, Middle Initial)
FRIENDS OF LOIS CAPPS

Mailing Address
POST OFFICE BOX 23940

City: SANTA BARBARA | State: CA | Zip Code: 93121

Purpose of Disbursement
Contributions

Candidate Name
FRIENDS OF LOIS CAPPS

Category/Type

Office Sought: X House / Senate / President
State: CA District: 22

Disbursement For: X Primary / General / Other (specify)

Date of Disbursement
06 29 2001

Amount of Each Disbursement this Period
1000.00

Transaction ID: SB23.6387

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **3000.00**

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