

**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)						PAGE	OF
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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NAME OF COMMITTEE (In Full)
OIL HEAT INSTITUTE - FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. BISHOP FOR CONGRESS		Date of Disbursement
Mailing Address P.O. BOX 437		04 24 2014
City FARMINGVILLE	State NY	Zip Code 11738
Purpose of Disbursement CONTRIBUTION		Amount of Each Disbursement this Period , 500.00
Candidate Name TIM BISHOP		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY	District: 1	

B. PMAA-SBC		Date of Disbursement
Mailing Address 1901 NO. FORT MYER DR.		05 01 2014
City ARLINGTON, VA	State VA	Zip Code 22209
Purpose of Disbursement CONTRIBUTION		Amount of Each Disbursement this Period , 500.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

C. ISRAEL FOR CONGRESS		Date of Disbursement
Mailing Address P.O. BOX 1400		05 01 2014
City MELVILLE	State NY	Zip Code 11747
Purpose of Disbursement CONTRIBUTION		Amount of Each Disbursement this Period , 500.00
Candidate Name STEVE ISRAEL		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY	District: 3	

SUBTOTAL of Disbursements This Page (optional).....▶	, 1,500.00
TOTAL This Period (last page this line number only).....▶	, , .

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