

**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)

**CABLEVISION SYSTEMS CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Joe Kyrillos for US Senate**

Mailing Address 150 Broadway  
Suite 1011

City New York State NY Zip Code 10038

Purpose of Disbursement  
Contributions

011

Candidate Name

**Joseph Kyrillos**

Category/  
Type

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	2		2	0	1	2

**Transaction ID : SB23.12009**

Amount of Each Disbursement this Period

2	5	0	0	0	0
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Full Name (Last, First, Middle Initial)

**B. Lance for Congress**

Mailing Address PO Box 225

City Colonia State NJ Zip Code 07067

Purpose of Disbursement  
Contribution

011

Candidate Name

**Leonard Lance**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NJ District: 07

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	9		2	0	1	2

**Transaction ID : SB23.11980**

Amount of Each Disbursement this Period

1	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

**C. Lautenberg For Senate**

Mailing Address 196 West State Street  
PO Box 200596

City Trenton State NJ Zip Code 08608

Purpose of Disbursement  
Contribution

011

Candidate Name

**Frank Lautenberg**

Category/  
Type

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	1		2	0	1	2

**Transaction ID : SB23.12008**

Amount of Each Disbursement this Period

2	5	0	0	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

6	0	0	0	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

6	0	0	0	0	0
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