

**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)

**Sempre Energy Employees Political Action Committee- Federal**

Full Name (Last, First, Middle Initial)

**A. Electric Power Supply Association Political Action Committee**

Mailing Address 1401 New York Avenue, NW  
11th Floor

City Washington State DC Zip Code 20005

Purpose of Disbursement  
2012 Contribution

011

Candidate Name  
**Electric Power Supply Association Political Action Committee**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) **Contribution**

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 16 / 2012

**Transaction ID : 1BBB2DEBC0A2F831188**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Visclosky for Congress**

Mailing Address Post Office Box 10003

City Merrillville State IN Zip Code 46411

Purpose of Disbursement  
2012 Primary

011

Candidate Name  
**Peter John Visclosky**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) **Contribution**

State: IN District: 01

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 26 / 2012

**Transaction ID : DAD78514A02BA6EA195**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) **Contribution**

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

6000.00

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

6000.00