

**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)  
**Empire Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Missourians for Kander**

Mailing Address PO Box 548

City Columbia State MO Zip Code 65205-0548

Purpose of Disbursement  
Contribution

011

Candidate Name

**Jason Kander**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MO District: 00

Date of Disbursement

MM / DD / YYYY  
02 / 27 / 2015

**Transaction ID : D565437**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Missourians for Kander**

Mailing Address PO Box 548

City Columbia State MO Zip Code 65205-0548

Purpose of Disbursement  
Contribution

011

Candidate Name

**Jason Kander**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MO District: 00

Date of Disbursement

MM / DD / YYYY  
02 / 27 / 2015

**Transaction ID : D565438**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. Schatz for Senate**

Mailing Address PO Box 3828

City Honolulu State HI Zip Code 96812

Purpose of Disbursement  
Contribution

011

Candidate Name

**Brian Schatz**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: HI District: 00

Date of Disbursement

MM / DD / YYYY  
02 / 27 / 2015

**Transaction ID : D565441**

Amount of Each Disbursement this Period

5000.00

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

15000.00

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