

**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. Kathy Hochul for Congress

Mailing Address 4521 Copperfield Dr

City Hamburg State NY Zip Code 14075

Purpose of Disbursement
Donation

012

Candidate Name

KATHLEEN HOCHUL

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2011
 Primary General
 Other (specify) ▼
Special-General

State: NY District: 26

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 10 / 2011

Transaction ID : **SB23.4334**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Kathy Hochul for Congress

Mailing Address 4521 Copperfield Dr

City Hamburg State NY Zip Code 14075

Purpose of Disbursement
Contribution

011

Candidate Name

KATHLEEN HOCHUL

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NY District: 26

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 22 / 2011

Transaction ID : **SB23.4447**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Kathy Hochul for Congress

Mailing Address 4521 Copperfield Dr

City Hamburg State NY Zip Code 14075

Purpose of Disbursement
Contribution

011

Candidate Name

KATHLEEN HOCHUL

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NY District: 26

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 22 / 2011

Transaction ID : **SB23.4448**

Amount of Each Disbursement this Period

500.00

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

2000.00

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