

**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)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. LARA FOR NEW MEXICO

Mailing Address P.O. Box 2326

City Carlsbad State NM Zip Code 88221

Purpose of Disbursement Contribution

011

Candidate Name

ROXANNE LARA

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NM District: 02

Date of Disbursement

MM / DD / YYYY
05 / 06 / 2014

Transaction ID : SB23.47238

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. LARSON FOR CONGRESS

Mailing Address 631 G Street SE #1

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution

011

Candidate Name

JOHN B LARSON

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CT District: 01

Date of Disbursement

MM / DD / YYYY
05 / 27 / 2014

Transaction ID : SB23.47704

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. LEVEL THE PLAYING FIELD PAC

Mailing Address 124 Washington Street Suite 100

City Foxboro State MA Zip Code 02035

Purpose of Disbursement Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼ PAC

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 27 / 2014

Transaction ID : SB23.47654

Amount of Each Disbursement this Period

5000.00

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

7500.00

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