

**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"/> 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)

CMS Energy Corporation Employees for Better Government- Federal

Full Name (Last, First, Middle Initial)

A. Upper Hand Fund

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		20		2017

Mailing Address Robert F. Carlin, Treasurer
PO Box 2485

FEC Identification Number

C C00503151

City Springfield State VA Zip Code 22152

Transaction ID : 75382113

Purpose of Disbursement Direct Contribution

011
Category/
Type

Amount of Each Disbursement this Period

5000.00

Candidate Name

Upper Hand Fund

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Direct Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

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

Mailing Address

FEC Identification Number

C

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

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

Mailing Address

FEC Identification Number

C

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Memo Item

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

5000.00

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

10000.00