

**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. Chris Coons for Delaware

Mailing Address PO Box 9900

City Newark State DE Zip Code 19714

Purpose of Disbursement
Contribution

011

Candidate Name

Chris Coons

Category/
Type

Office Sought: House
 Senate
 President
State: DE District: 00

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 26 / 2014

Transaction ID : D530072

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Democratic Senatorial Campaign Committee

Mailing Address 120 Maryland Ave NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
2014 Contribution

011

Candidate Name

Office Sought: House
 Senate
 President
State: District:

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2014

Transaction ID : D521437

Amount of Each Disbursement this Period

15000.00

Full Name (Last, First, Middle Initial)

C. Friends of Dan Maffei

Mailing Address PO Box 230

City Syracuse State NY Zip Code 13201

Purpose of Disbursement
Contribution

011

Candidate Name

Daniel Benjamin Maffei

Category/
Type

Office Sought: House
 Senate
 President
State: NY District: 24

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 26 / 2014

Transaction ID : D530079

Amount of Each Disbursement this Period

1500.00

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

19000.00

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