

**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)
ALLIED PILOTS ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. CONYERS FOR CONGRESS 9/08

Mailing Address 1031 N. Edgewood St.

City Arlington State VA Zip Code 22201

Purpose of Disbursement
CK 5534

Candidate Name
CONYERS FOR CONGRESS 9/08

Office Sought: House Senate President
Disbursement For: 2014
 Primary General
 Other (specify) ▼
State: MI District: 14

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			27			2014			

Transaction ID : **SB23.126423**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. CULBERSON FOR CONGRESS

Mailing Address P.O. BOX 41964

City HOUSTON State TX Zip Code 77241

Purpose of Disbursement
CK 5536

Candidate Name
CULBERSON FOR CONGRESS

Office Sought: House Senate President
Disbursement For: 2014
 Primary General
 Other (specify) ▼
State: TX District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			27			2014			

Transaction ID : **SB23.126500**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. DEFAZIO FOR CONGRESS *

Mailing Address PO Box 1316

City Springfield State OR Zip Code 97477

Purpose of Disbursement
CK 5538

Candidate Name
DEFAZIO FOR CONGRESS *

Office Sought: House Senate President
Disbursement For: 2014
 Primary General
 Other (specify) ▼
State: OR District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			27			2014			

Transaction ID : **SB23.126426**

Amount of Each Disbursement this Period

2000.00

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

4000.00

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

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