

**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)
STEPTOE AND JOHNSON LLP POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. PEOPLE FOR PATTY MURRAY

Mailing Address PO BOX 3662

City SEATTLE State WA Zip Code 98124

Purpose of Disbursement
PAC Contribution

011

Candidate Name

Category/
Type

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	1	4

Transaction ID : SB23.7493

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. RENEE ELLMERS FOR CONGRESS COMMITTEE

Mailing Address PO BOX 99567

City RALEIGH State NC Zip Code 27624

Purpose of Disbursement
PAC Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: NC District: 02

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	1		2	0	1	4

Transaction ID : SB23.7441

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. SENSENBRENNER COMMITTEE

Mailing Address PO BOX 575

City BROOKFIELD State WI Zip Code 53008

Purpose of Disbursement
PAC Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: WI District: 05

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	1	4

Transaction ID : SB23.7435

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

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

3	0	0	0	0	0	0	0	0	0
3	0	0	0	0	0	0	0	0	0

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

3	0	0	0	0	0	0	0	0	0
3	0	0	0	0	0	0	0	0	0