

**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)
Las Vegas Sands Corp. Political Action Committee (Sands PAC)

Full Name (Last, First, Middle Initial)

A. FRIENDS OF JOE HECK

Mailing Address PO BOX 750114

City LAS VEGAS State NV Zip Code 89136

Purpose of Disbursement
Contribution

011

Candidate Name
JOE HECK

Category/
Type

Office Sought: House
 Senate
 President
State: NV District: 03

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	0		2	0	1	3

Transaction ID : **SB23.5787**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

B. NATIONAL SHOOTING SPORTS FOUNDATION INC PAC NSSF PAC OR NSSF PAC

Mailing Address 11 MILE HILL RD

City NEWTOWN State CT Zip Code 06470

Purpose of Disbursement
Contribution

011

Candidate Name
NATIONAL SHOOTING SPORTS FOUNDATION INC PAC NSSF PAC OR NSSF PAC

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	4		2	0	1	3

Transaction ID : **SB23.5765**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

C. TEAM GRAHAM INC

Mailing Address PO BOX 1801

City COLUMBIA State SC Zip Code 29202

Purpose of Disbursement
Contribution

011

Candidate Name
LINDSEY OLIN GRAHAM

Category/
Type

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

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	3

Transaction ID : **SB23.5769**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

1	5	0	0	0	0	0	0	0	0
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TOTAL This Period (last page this line number only)..... ▶

2	2	0	0	0	0	0	0	0	0
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