

**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)

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|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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)  
ESOP PAC

|    |   |  |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial)<br>FRIENDS OF MAURICE HINCHEY   | Transaction ID: SB23.6751  |
|    | Mailing Address PO Box 4497   | Date of Disbursement<br>10 / 13 / 2009   |
|    | City Kingston State NY Zip Code 12402   | Amount of Each Disbursement this Period<br>1000.00   |
|    | Purpose of Disbursement   |  |
|    | Candidate Name  | Category/Type  |
|    | Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: NY District: 22 | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |   |  |
|----|---|--|
| B. | Full Name (Last, First, Middle Initial)<br>FRIENDS OF MAURICE HINCHEY   | Transaction ID: SB23.6776  |
|    | Mailing Address PO Box 4497   | Date of Disbursement<br>12 / 16 / 2009   |
|    | City Kingston State NY Zip Code 12402   | Amount of Each Disbursement this Period<br>1000.00   |
|    | Purpose of Disbursement   |  |
|    | Candidate Name  | Category/Type  |
|    | Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: NY District: 22 | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |   |  |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial)<br>GRASSLEY COMMITTEE   | Transaction ID: SB23.6732  |
|    | Mailing Address PO BOX 1000   | Date of Disbursement<br>07 / 08 / 2009   |
|    | City DES MOINES State IA Zip Code 50304   | Amount of Each Disbursement this Period<br>1000.00   |
|    | Purpose of Disbursement   |  |
|    | Candidate Name  | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House<br><input checked="" type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: IA District: 00 | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 3000.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |         |