

**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)

EDWARDS LIFESCIENCES POLITICAL ACTION COMMITTEE (EWPAC)

Full Name (Last, First, Middle Initial)

A. Diane Black For Congress

Mailing Address PO Box 1437

City Gallatin State TN Zip Code 37066

Purpose of Disbursement
Contribution to Federal Candidate

011

Candidate Name

Rep. Diane Black

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TN District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	8		2	0	1	3

Transaction ID : 5088892

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
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Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

B. Tom Reed For Congress

Mailing Address PO Box 450

City Victor State NY Zip Code 14564

Purpose of Disbursement
Contribution to Federal Candidate

011

Candidate Name

Rep. Tom Reed

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 23

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	8		2	0	1	3

Transaction ID : 5088894

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
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Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

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

3	0	0	.	0	0
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TOTAL This Period (last page this line number only)..... ▶

1	4	0	0	.	0	0
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