

**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)
United Association Political Education Committee (United Association of Journeymen and Apprentices of the Plumbing & Pipefitting Industry of the United States and Canada)

Full Name (Last, First, Middle Initial)

A. JOSEPH BOCK

Mailing Address PO BOX 582

City SOUTH BEND State IN Zip Code 46624

Purpose of Disbursement
Contribution

011

Candidate Name

JOSEPH BOCK

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IN District: 02

Date of Disbursement

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

Transaction ID : SB23.16002

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. CORY A BOOKER

Mailing Address PO BOX 32237

City NEWARK State NJ Zip Code 07102

Purpose of Disbursement
Contribution

011

Candidate Name

CORY A BOOKER

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NJ District: 00

Date of Disbursement

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

Transaction ID : SB23.15969

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. YVETTE D CLARKE

Mailing Address 260 MIDWOOD STREET

City BROOKLYN State NY Zip Code 11225

Purpose of Disbursement
Contribution

011

Candidate Name

YVETTE D CLARKE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 11

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	4

Transaction ID : SB23.15991

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

1	2	5	0	0	0	0	0	0	0
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TOTAL This Period (last page this line number only)..... ▶

1	2	5	0	0	0	0	0	0	0
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