

**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)

LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC

Full Name (Last, First, Middle Initial)

A. FRIENDS OF SCHUMER

Mailing Address 192 LEXINGTON AVENUE SUITE 1001

City NEW YORK State NY Zip Code 10016

Purpose of Disbursement
Contribution

011

Candidate Name

CHARLES E SCHUMER

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		12		2013

Transaction ID : **SB23.12981**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. HAGAN FOR US SENATE INC

Mailing Address PO BOX 29103

City GREENSBORO State NC Zip Code 27429

Purpose of Disbursement
Donation

011

Candidate Name

KAY R HAGAN

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NC District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		27		2013

Transaction ID : **SB23.12987**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. UDALL FOR COLORADO

Mailing Address PO BOX 40158

City DENVER State CO Zip Code 80204

Purpose of Disbursement
Doantion

011

Candidate Name

MARK E UDALL

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CO District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		12		2013

Transaction ID : **SB23.12984**

Amount of Each Disbursement this Period

5000.00

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

15000.00

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

15000.00
