

**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)

EchoStar Corporation and DISH Network Corporation PAC (EchoStar DISH Network PAC)

Full Name (Last, First, Middle Initial)

A. Peninsula PAC

Mailing Address P.O. BOX 636

City Annandale State VA Zip Code 22003

Purpose of Disbursement
Political Contribution

011

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 20 / 2014

Transaction ID : D159392

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. CONYERS FOR CONGRESS

Mailing Address 1831 Bay St SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Political Contribution

011

Candidate Name

Rep. John Conyers Jr.

Category/
Type

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: MI District: 14

Date of Disbursement

MM / DD / YYYY
06 / 26 / 2014

Transaction ID : D159394

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. CONYERS FOR CONGRESS

Mailing Address 1831 Bay St SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Political Contribution

011

Candidate Name

Rep. John Conyers Jr.

Category/
Type

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: MI District: 14

Date of Disbursement

MM / DD / YYYY
06 / 26 / 2014

Transaction ID : D159395

Amount of Each Disbursement this Period

5000.00

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

12500.00

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