

**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)

John Hancock Life Insurance Company (USA) Federal Political Action Committee

Full Name (Last, First, Middle Initial)

A. MAJORITY COMMITTEE PAC--MC PAC

Mailing Address P.O. BOX 10134

City BAKERSFIELD State CA Zip Code 93389

Purpose of Disbursement
Contribution

Candidate Name

MAJORITY COMMITTEE PAC--MC PAC

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	1	3

Transaction ID : SB23.14813

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

B. PETERS FOR CONGRESS

Mailing Address P.O. BOX 21535

City DETROIT State MI Zip Code 48221

Purpose of Disbursement
Campaign Contribution

Candidate Name

GARY PETERS

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District: 14

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	4		2	0	1	3

Transaction ID : SB23.14829

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

C. ROYCE CAMPAIGN COMMITTEE

Mailing Address PO BOX 2525

City ORANGE State CA Zip Code 92859

Purpose of Disbursement
Campaign Contribution

Candidate Name

ED MR ROYCE

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 40

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	1	3

Transaction ID : SB23.14824

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

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

3	0	0	0	0	0	0	0	0	0
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1	2	0	0	0	0	0	0	0	0
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