

**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)

Engineers Political Education Committee (EPEC)/International Union of Operating Engineers

Full Name (Last, First, Middle Initial)

A. Friends Of Corrine Brown

Mailing Address PO Box 40087

City Jacksonville State FL Zip Code 32203

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Corrine Brown

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: FL District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		24		2014

Transaction ID : 61016206

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Castor For Congress

Mailing Address 301 W Platt Street, #385

City Tampa State FL Zip Code 33606

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Katherine Castor

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: FL District: 14

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		24		2014

Transaction ID : 61016228

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Katherine Clark For Congress

Mailing Address PO Box 361

City Malden State MA Zip Code 02148

Purpose of Disbursement

011

Category/
Type

Candidate Name

Katherine Clark

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		24		2014

Transaction ID : 61016230

Amount of Each Disbursement this Period

5000.00

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

10000.00

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

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