

**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)

**COVANTA ENERGY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. JOE KYRILLOS FOR US SENATE INC**

Mailing Address PO BOX 225

City COLONIA State NJ Zip Code 07067

Purpose of Disbursement Fundraiser

Candidate Name

**JOSEPH M JR KYRILLOS**

Office Sought:  House  Senate  President  
State: NJ District: 00

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 25 / 2012

Transaction ID : SB23.5791

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. KINZINGER FOR CONGRESS**

Mailing Address PO BOX 487

City NEW LENOX State IL Zip Code 60451

Purpose of Disbursement Fundraiser

Candidate Name

**ADAM KINZINGER**

Office Sought:  House  Senate  President  
State: IL District: 16

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 06 / 2012

Transaction ID : SB23.5780

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. KURT SCHRADER FOR CONGRESS**

Mailing Address 607 N. Main St Suite 240

City Oregon City State OR Zip Code 97045

Purpose of Disbursement Fundraiser

Candidate Name

**KURT SCHRADER**

Office Sought:  House  Senate  President  
State: OR District: 05

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 04 / 2012

Transaction ID : SB23.5794

Amount of Each Disbursement this Period

1000.00

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

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

3000.00