

**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)
United Parcel Service Inc. PAC

Full Name (Last, First, Middle Initial)

A. Scott Peters for Congress

Mailing Address PO Box 70980

City Washington State DC Zip Code 20024

Purpose of Disbursement Contribution

011

Candidate Name
Scott Peters

Category/Type

Office Sought: House Senate President
State: CA District: 52

Disbursement For: 2016
 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 03 / 2016

Transaction ID : B593565

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Swalwell for Congress

Mailing Address PO Box 2847

City Dublin State CA Zip Code 94568

Purpose of Disbursement Contribution

011

Candidate Name
Eric M Swalwell

Category/Type

Office Sought: House Senate President
State: CA District: 15

Disbursement For: 2016
 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 03 / 2016

Transaction ID : B593558

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Majority Committee PAC--MC PAC

Mailing Address P.O. Box 10134

City Bakersfield State CA Zip Code 93389

Purpose of Disbursement Contribution

011

Candidate Name

Category/Type

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General Other (specify) ▼
Not Applicable

Date of Disbursement

MM / DD / YYYY
02 / 18 / 2016

Transaction ID : B594849

Amount of Each Disbursement this Period

5000.00

Memo Item

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

9000.00

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