

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 97			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Hudson for Congress

Full Name (Last, First, Middle Initial) A. Uber Technologies, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address 182 Howard Street # 8		Amount of Each Disbursement this Period 115 Transaction ID : B-E-5122
City San Francisco State CA Zip Code 94105-1611	Purpose of Disbursement taxi Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. US Airways		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address 4000 E Sky Harbor Boulevard		Amount of Each Disbursement this Period 915.5 Transaction ID : B-E-5123
City Phoenix State AZ Zip Code 85034-3802	Purpose of Disbursement flight Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Conservative Victory Fund		Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2014
Mailing Address 1101 Pennsylvania Avenue SE Suite 201		Amount of Each Disbursement this Period 357.1 Transaction ID : B-I-5039
City Washington State DC Zip Code 20003-2277	Purpose of Disbursement Inkind: announcements Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1387.60
TOTAL This Period (last page this line number only).....	