

**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)
Aon Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. John Carney For Congress

Mailing Address PO Box 2162

City Wilmington State DE Zip Code 19899

Purpose of Disbursement
Contribution: John Carney (D-At Large DE)

Candidate Name
John Carney

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 03 / 2013

Transaction ID : 57887711

Amount of Each Disbursement this Period

1000.00

Contribution: John Carney (D-At Large DE)

Full Name (Last, First, Middle Initial)

B. Gillibrand For Senate

Mailing Address 236 Massachusetts Ave Ne
Suite 110

City Washington State DC Zip Code 20002

Purpose of Disbursement
Void - Gillibrand For Senate (reported on November 2013 monthly)

Candidate Name
Kirsten Gillibrand

Office Sought: House
 Senate
 President
State: NY District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 16 / 2013

Transaction ID : 57904042

Amount of Each Disbursement this Period

-5000.00

Void - Gillibrand For Senate (reported on November 2013 monthly)

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

-4000.00

-4000.00