

**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)  
**SunPower Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Friends Of Schumer**

Mailing Address 192 Lexington Avenue Suite 1001

City New York State NY Zip Code 10016

Purpose of Disbursement  
Contribution: Charles Schumer (D-NY)

011

Candidate Name  
**Sen. Charles E. Schumer**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NY District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 05 / 2016

**Transaction ID : 72232472**

Amount of Each Disbursement this Period

2000.00

Memo Item

Contribution: Charles Schumer (D-NY)

Full Name (Last, First, Middle Initial)

**B. Bennet For Colorado**

Mailing Address PO Box 3078

City Denver State CO Zip Code 80201

Purpose of Disbursement  
Contribution: Michael Bennet (D-CO)

011

Candidate Name  
**Michael Bennet**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CO District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 13 / 2016

**Transaction ID : 72232474**

Amount of Each Disbursement this Period

2500.00

Memo Item

Contribution: Michael Bennet (D-CO)

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

Memo Item

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

4500.00

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

4500.00