

**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)
Caesars Entertainment Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lance For Congress

Mailing Address PO Box 225

City State Zip Code
Colonia NJ 07067

Purpose of Disbursement
Contribution

Candidate Name

Rep. Leonard Lance

Office Sought: House
 Senate
 President
State: NJ District: 07

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 04 / 2016

Transaction ID : **B998DB32204D14D7D821**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. VIRGIN ISLANDERS FOR PLASKETT

Mailing Address PO BOX 26502

City State Zip Code
CHRISTIANSTED VI 00824

Purpose of Disbursement
Contribution

Candidate Name

Del. Stacey E. Plaskett

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 10 / 2016

Transaction ID : **BF191D0F58A3F4F68858**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. HALL FOR CONGRESS

Mailing Address 249 E. OCEAN BLVD. SUITE 685

City State Zip Code
LONG BEACH CA 90802

Purpose of Disbursement
Contribution

Candidate Name

Isadore Hall III

Office Sought: House
 Senate
 President
State: CA District: 44

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 12 / 2016

Transaction ID : **B2CFEE39CB2048E3BFF**

Amount of Each Disbursement this Period

5000.00

Memo Item

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

7000.00

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