

**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"/> 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

A. Majority Committee (MC PAC)

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 10134

City Bakersfield State CA Zip Code 93389

Purpose of Disbursement
Contribution: Majority Committee

Category/Type

Candidate Name
Majority Committee (MC PAC)

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement
MM / DD / YYYY
04 / 17 / 2017

FEC Identification Number

Transaction ID : 75489822
Amount of Each Disbursement this Period

Contribution: Majority Committee
 Memo Item

B. Solar Energy Industries Association PAC (SOLARPAC)

Full Name (Last, First, Middle Initial)

Mailing Address 600 14TH Street, NW Suite 400

City Washington State DC Zip Code 20005

Purpose of Disbursement
Contribution: Solar Energy Industries PAC

Category/Type

Candidate Name
Solar Energy Industries Association PAC (SOLARPAC)

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement
MM / DD / YYYY
04 / 17 / 2017

FEC Identification Number

Transaction ID : 75489823
Amount of Each Disbursement this Period

Contribution: Solar Energy Industries PAC
 Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement
MM / DD / YYYY

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

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