

**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)

DIAGEO NORTH AMERICA, INC. EMPLOYEES' POLITICAL PARTICIPATION COMMITTEE

Full Name (Last, First, Middle Initial)

A. BERG FOR SENATE

Mailing Address PO BOX 9394

City FARGO State ND Zip Code 58106

Purpose of Disbursement
In Kind-Catering

011

Candidate Name

RICHARD A BERG

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: ND District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	1	2

Transaction ID : SB23.22812.4

Amount of Each Disbursement this Period

2	9	9	.	2	4
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[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. JIM HIMES FOR CONGRESS

Mailing Address 65 High Ridge Road Box 456
BOX 456

City Stamford State CT Zip Code 06905

Purpose of Disbursement
In Kind-Catering

011

Candidate Name

JIM HIMES

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CT District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	1	2

Transaction ID : SB23.22812.5

Amount of Each Disbursement this Period

4	0	8	.	9	6
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[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. COMMITTEE TO RE-ELECT LORETTA SANCHEZ

Mailing Address 1212 S. Victory Blvd.
Suite 211

City BURBANK State CA Zip Code 91502

Purpose of Disbursement
In Kind-Catering

011

Candidate Name

LORETTA SANCHEZ

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 47

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	1	2

Transaction ID : SB23.22812.6

Amount of Each Disbursement this Period

3	0	1	.	2	7
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[MEMO ITEM]

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

0	0	0
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TOTAL This Period (last page this line number only)..... ▶

0	0	0
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