

**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)

SUPPORTERS OF ENGINEERS LOCAL 3 ENDORSED CANDIDATES

Full Name (Last, First, Middle Initial)

A. EGGMAN FOR CONGRESS 2014

Mailing Address 3220 WEST MONTE VISTA AVENUE
#169

City TURLOCK State CA Zip Code 95380

Purpose of Disbursement

Candidate Name

Michael Eggman

Office Sought: House Senate President

State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	1		2	0	1	4

Transaction ID : SB23.30023

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. Friends of J. Ikaika Anderson

Mailing Address PO BOX 862

City HONOLULU State HI Zip Code 96808

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

State: HI District: 01

Disbursement For: 1000
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	0		2	0	1	4

Transaction ID : SB23.29969

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. HUFFMAN FOR CONGRESS 2014

Mailing Address P.O. BOX 151563

City SAN RAFAEL State CA Zip Code 94915

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	0		2	0	1	4

Transaction ID : SB23.29973

Amount of Each Disbursement this Period

7	5	0	0	0	0	0	0	0	0

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

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

2	7	5	0	0	0	0	0	0	0
