

**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)
Transport Workers Union Political Contributions Committee

A.	Full Name (Last, First, Middle Initial) Chris Coons for Delaware	Transaction ID: B346730 Date of Disbursement
	Mailing Address PO Box 9900	<input type="text" value="09"/> / <input type="text" value="03"/> / <input type="text" value="2010"/>
	City Newark State DE Zip Code 19714	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="2000.00"/>
	Candidate Name Christopher A Coons	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: DE District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Chris Coons for Delaware	Transaction ID: B348799 Date of Disbursement
	Mailing Address PO Box 9900	<input type="text" value="09"/> / <input type="text" value="21"/> / <input type="text" value="2010"/>
	City Newark State DE Zip Code 19714	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="5000.00"/>
	Candidate Name Christopher A Coons	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: DE District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Kendrick Meek for Florida	Transaction ID: B346737 Date of Disbursement
	Mailing Address 111 NW 183rd St. Suite 325	<input type="text" value="09"/> / <input type="text" value="03"/> / <input type="text" value="2010"/>
	City Miami State FL Zip Code 33169	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="5000.00"/>
	Candidate Name Kendrick B Meek	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="12000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>