

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)

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<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)

BIPARTISAN POLITICAL ACTION COMMITTEE/THE BANK OF NEW YORK MELLON CORPORATION BI-PAC/BNYM

A. Full Name (Last, First, Middle Initial) FRIENDS OF MAX BAUCUS <hr/> Mailing Address PO BOX 586 <hr/> City HELENA State MT Zip Code 59624 <hr/> Purpose of Disbursement Contribution to a Federal Candidate Candidate Name MAX BAUCUS <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: 00 Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.19051 Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2010
	Amount of Each Disbursement this Period 5000.00
	Category/ Type
	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) FRIENDS OF SCHUMER <hr/> Mailing Address 60 MADISON AVE SUITE 1026 <hr/> City NEW YORK State NY Zip Code 10010 <hr/> Purpose of Disbursement Contribution to a Federal Candidate Candidate Name CHARLES E SCHUMER <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 00 Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.19104 Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2010
	Amount of Each Disbursement this Period 2500.00
	Category/ Type
	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) GRASSLEY COMMITTEE <hr/> Mailing Address PO BOX 1000 <hr/> City DES MOINES State IA Zip Code 50304 <hr/> Purpose of Disbursement Stop Payment, Original Check Dated 5/3/2010 Candidate Name CHARLES E GRASSLEY <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 00 Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.19110 Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2010
	Amount of Each Disbursement this Period -2500.00
	Category/ Type
	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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