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)

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25
☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)
American Neurological Surgery, Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Talent for Senate Committee

Mailing Address
9378 Olive Blvd Suite 206
City State Zip Code
St. Louis MO 63132

Purpose of Disbursement
YTD:$2000.00 Campaign Contribution

24K
Category/ Type

Candidate Name

Office Sought: House / Senate / President
State: MO District:

Disbursement For: 2002
Primary X General
Other (specify)

Date of Disbursement
09 25 2002

Amount of Each Disbursement this Period
2000.00

Transaction ID: 10000000382300035

B.

C.

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **2000.00**

TOTAL This Period (last page this line number only) ..... ▶ **61500.00**