

**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)
PRINCIPLES EXALT A NATION POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) SALI FOR CONGRESS	Transaction ID: SB23.6143 Date of Disbursement
	Mailing Address PO Box 71	<input type="text" value="10"/> <input type="text" value="13"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City KUNA State ID Zip Code 83634	Amount of Each Disbursement this Period
	Purpose of Disbursement Federal Contribution	<input type="text" value="1000.00"/>
	Candidate Name WILLIAM T. SALI	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008
	State: ID District: 01	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Sam Graves for Congress	Transaction ID: SB23.6121 Date of Disbursement
	Mailing Address 4701 NW 82nd Street	<input type="text" value="10"/> <input type="text" value="13"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Kansas City State MO Zip Code 64151	Amount of Each Disbursement this Period
	Purpose of Disbursement Federal Contribution	<input type="text" value="5000.00"/>
	Candidate Name SAMUEL B (SAM) GRAVES	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008
	State: MO District: 06	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) SCHMIDT FOR CONGRESS COMMITTEE	Transaction ID: SB23.6144 Date of Disbursement
	Mailing Address 771 WARDS CORNER ROAD	<input type="text" value="10"/> <input type="text" value="13"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City LOVELAND State OH Zip Code 45140	Amount of Each Disbursement this Period
	Purpose of Disbursement Federal Contribution	<input type="text" value="1000.00"/>
	Candidate Name JEANNETTE H SCHMIDT	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008
	State: OH District: 02	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="7000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>