

**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)
American Financial Services Association PAC

Full Name (Last, First, Middle Initial)

A. ANN WAGNER FOR CONGRESS

Mailing Address PO BOX 50

City BALLWIN State MO Zip Code 63022

Purpose of Disbursement
Contb

011

Candidate Name
ANN WAGNER FOR CONGRESS

Category/
Type

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: MO District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			12			2013			

Transaction ID : SB23.33937

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. BILIRAKIS FOR CONGRESS

Mailing Address PO BOX 606

City TARPON SPRINGS State FL Zip Code 34688

Purpose of Disbursement
Contb

011

Candidate Name
BILIRAKIS FOR CONGRESS

Category/
Type

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: FL District: 12

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			12			2013			

Transaction ID : SB23.33914

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. BILL FOSTER FOR CONGRESS

Mailing Address P.O. BOX 9104

City AURORA State IL Zip Code 60598

Purpose of Disbursement
Contb

011

Candidate Name
BILL FOSTER FOR CONGRESS

Category/
Type

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: IL District: 11

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			12			2013			

Transaction ID : SB23.33918

Amount of Each Disbursement this Period

1500.00

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

3500.00

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

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