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)
National Association of Rehabilitation Agencies Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Paul D. Ryan

Mailing Address
3711 North Spring Hill Dr.

City: Janesville
State: WI
Zip Code: 53545

Purpose of Disbursement
Contribution

Candidate Name
Paul D. Ryan

Category/ Type

Office Sought: X House / Senate / President
State: WI District: 01

Disbursement For: 2002
X Primary / General / Other (specify)

Date of Disbursement
03 12 2002

Amount of Each Disbursement this Period
500.00

Transaction ID: DisbD0010D65W&J001

B.

C.

SUBTOTAL of Disbursements This Page (optional) ..... ▶	**500.00**
TOTAL This Period (last page this line number only) ..... ▶	**500.00**