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 ☐ 30b

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NAME OF COMMITTEE (In Full)
American College of Nurse Practitioners Political Action Committee

A.
Full Name (Last, First, Middle Initial): Mary Bono Committee
Mailing Address: PO Box 3370
City: Palm Springs State: CA Zip Code: 92263
Purpose of Disbursement: Contribution
Candidate Name: Rep. Mary Bono
Category/Type: 011
Office Sought: X House / Senate / President
State: CA District: 45
Disbursement For: 2004 X Primary / General / Other (specify)
Transaction ID: 7952591
Date of Disbursement: 03/11/2003
Amount of Each Disbursement this Period: 500.00
Contribution

B.
Full Name (Last, First, Middle Initial): Friends Of Lois Capps
Mailing Address: PO Box 23840
City: Santa Barbara State: CA Zip Code: 93121
Purpose of Disbursement: Contribution
Candidate Name: Rep. Lois Capps
Category/Type: 011
Office Sought: X House / Senate / President
State: CA District: 23
Disbursement For: 2004 X Primary / General / Other (specify)
Transaction ID: 8025859
Date of Disbursement: 04/01/2003
Amount of Each Disbursement this Period: 500.00
Contribution

SUBTOTAL of Disbursements This Page (optional) ▶	1000.00
TOTAL This Period (last page this line number only) ▶	1000.00