

**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)
CONTINUING AMERICA'S STRENGTH AND SECURITY PAC

Full Name (Last, First, Middle Initial)

A. CRAVAACK FOR CONGRESS CAMPAIGN COMMITTEE

Mailing Address P.O. BOX 40040

City State Zip Code
ST PAUL MN 55104

Purpose of Disbursement
Political Contribution

011

Candidate Name
CRAVAACK FOR CONGRESS CAMPAIGN COMMITTEE

Category/
Type

Office Sought: House
 Senate
 President
State: MN District: 08

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	2

Transaction ID : **SB23.4404**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

B. FRIENDS OF JOE HECK

Mailing Address PO BOX 750114

City State Zip Code
LAS VEGAS NV 89136

Purpose of Disbursement
Political Contribution

011

Candidate Name
JOE HECK

Category/
Type

Office Sought: House
 Senate
 President
State: NV District: 03

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	2

Transaction ID : **SB23.4408**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

C. FRIENDS OF NAN HAYWORTH

Mailing Address P.O. BOX 188

City State Zip Code
CARMEL NY 10512

Purpose of Disbursement
political contribution

011

Candidate Name
FRIENDS OF NAN HAYWORTH

Category/
Type

Office Sought: House
 Senate
 President
State: NY District: 18

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	1	2

Transaction ID : **SB23.4386**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

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

3	0	0	0	0	0	0	0	0	0
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1	0	0	0	0	0	0	0	0	0
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