N 00 10030241

FE5AN015

REPORT OF RECEIPTS

					2010 FEB -	2 AM II: 57	
FEC FORM 3X	. AI	PORT OF ND DISBU Other Than An A	RSEME	NTS	Offi	ce Use Only	つ —
1. NAME OF COMMITTEE (i		E OR PRINT \	Example over the	: If typing, type lines.	12FE4M5		
LAICIKIANISIA COMMITTH ADDRESS (number a	ાલક <u>ા</u> D	iicail Sioic 11 - 11 - 11 - 15	<u></u>	Podutii	<u>ciaili jAicit</u>	11101M	
Check if di than previo reported. (/	ferent Lusly NCC) L	intitile iR				. <u>.2.1.5</u>]- <u>[5.0.</u>	8.6
C O.O.O.	0,2,9,0.		IS THIS REPORT	NEW (N) OR	AMEND (A)	ZIP CODE A	
4. TYPE OF RE (Choose One) (a) Quarterly Re	eports:	Report Due On:	eb 20 (M2) lar 20 (M3) pr 20 (M4)	May 20 (M5) Jun 20 (M6) Jul 20 (M7)	Aug 20 (A Sep 20 (A Oct 20 (N	(Non-Elec Year Only	y)
July 15 Quarter Octobe Quarter	ly Report (Q1) Iy Report (Q2) r 15 Iy Report (Q3)	(c) 12-Day PRE-Election Report for the:	المدينة المدينة	ention (12C)	General (12G) Special (12S)	Runoff	(12R)
July 31 Report Year O	d Report (YE) Mid-Year (Non-election ly) (MY)	(d) 30-Day POST-Election Report for the:	Gener	ral (30G)	Runoff (30R)	State of Special	(308)
(TER)	, , , , ,		don on	<u>"' ["" ' </u>		in the State of	<u> </u>
5. Covering Period	o 7	port and to the best of		ough 1.2		009	
Type or Print Name (of Treasurer	Tracy B	altz, M	~ <i>T</i>			<u>Sm</u> ìth
	7/	T-V/ -				DED / EVEVE	

ADDRESS (number and street)	155088		<u> </u>
Check if different than previously reported. (ACC)	e Rock II	A.B.	7,2,2,1,5]-[5,0,8,6]
2. FEC IDENTIFICATION NUMBER V	СПУ	STATE ▲	ZIP CODE A
C 0.0.0.0.2.9.0.7	3. IS THIS REPORT	8 1	MENDED A)
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports:	Feb 20 (M2) Mar 20 (M3) Apr 20 (M4)	Jun 20 (M6) Se	g 20 (M8) Nov 20 (M11) (Non-Election Year Only) p 20 (M9) Dec 20 (M12) (Non-Election Year Only) tt 20 (M10) Jan 31 (YE)
Quarterly Report (Q2)	Primary (1) Election rt for the: Conventio	اسا جسو	I (12G) Runoff (12R)
real Only (INT)	-Election General (3 t for the:	Fiunoff ((30R) Special (30S) in the State of
i. Covering Period	ZOD9 through	12 31	2009
rype or Print Name of Treasurer	the best of my knowledge and	De Signated	Agent H. Scott Smith
Signature of Treasurer 21. 500	Smth	Date O	1 28 2010
NOTE: Submission of false, erroneous, or incomplete	information may subject the p	erson signing this Report to 1	the penalties of 2 U.S.C. §437g.
Office Use			FEC FORM 3X Rev. 12/2004

FEC Form 3X (Rev. 02/2003)	OF RECEIPTS AND DISBURSEMENTS	Page 2
Write or Type Committee Name	C 1- D 11	· · · · · · · · · · · · · · · · · · ·
Arkansas Medical	Society to Itical Act	ion Committee
Report Covering the Period: From:	0.7 '01' Z009 TO	12 31 2009
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1,		5753 65
(b) Cash on Hand at Beginning of Reporting Period	23.148.29	
(c) Total Receipts (from Line 19)	1607306	2.8.260.78
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	3.9.22 1.35	44014 35
7. Total Disbursements (from Line 31)	-3620 ²⁰	8413.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	3560135	35 601 35
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	-0-	
Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	_5_	
This committee has qualified as a mu	iticandidate committee. (see FEC FORM 1M)	
	For further information contact:	

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts Page 3 FEC Form 3X (Rev. 06/2004) Write or Type Committee Name Committee Society Political Action Arkansas Medical 2009 2009 Report Covering the Period: From: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees. (i) Itemized (use Schedule A)...... (ii) Unitemized (iii) TOTAL (add Lines 11(a)(i) and (ii)...... (b) Political Party Committees (c) Other Political Committees (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) 12. Transfers From Affiliated/Other Party Committees..... 13. All Loans Received 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... 17. Other Federal Receipts (Dividends, Interest, etc.)..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3) (b) Levin Funds (from Schedule H5) (c) Total Transfers (add 18(a) and 18(b)).. 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))........ 06 20. Total Federal Receipts

(subtract Line 18(c) from Line 19)▶

DETAILED SUMMARY PAGE

of Disbursements Page 4 FEC Form 3X (Rev. 02/2003) **COLUMN B COLUMN A II. Disbursements Total This Period** Calendar Year-to-Date 21. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4) Federal Share (ii) Non-Federal Share..... (b) Other Federal Operating Expenditures (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶ 22. Transfers to Affiliated/Other Party Committees.....Contributions to Federal Candidates/Committees and Other Political Committees... 23. 24. Independent Expenditures 26. Loan Repayments Made..... Than Political Committees ... (b) Political Party Committees (c) Other Political Committees (such as PACs)..... (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))........... ▶ 29. Other Disbursements 30. Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity (from Schedule H6) (i) Federal Share (ii) "Levin" Share..... (b) Federal Election Activity Paid Entirely With Federal Funds (c) Total Federal Election Activity (add ... Lines 30(a)(i), 30(a)(ii) and 30(b))....▶ 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

penditures

(from Line 28(d)).....

37. Offsets to Operating Expenditures

38. Net Operating Expenditures

34. Total Contribution Refunds

of Disbursements Page 5 III. Net Contributions/Operating Ex-**COLUMN A COLUMN B Total This Period** Calendar Year-to-Date 33. Total Contributions (other than loans) (from Line 11(d), page 3) 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶ (from Line 15, page 3)..... (subtract Line 37 from Line 36)

s	CHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 8 OF 8
	EMIZED RECEIPTS	Use separate schedule(s) for each category of the	(check only one)
_		Detailed Summary Page	X 11a
A	ny information copied from such Reports and Statemer r for commercial purposes, other than using the name	nts may not be sold or used by any pe and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
1	NAME OF COMMITTEE (In Full)		Λ
4	Arkansas Medical Sc	ciety political	Action Counittee
A.	Full, Name (Last, First, Middle Initial)		Date of Receipt
	Mailing Address 3404 Ccdan Hill		10 21 2009
	City Little Rock AR	te Zip Code 72202	Amount of Each Receipt this Period
•	FEC ID number of contributing federal political committee.		30000
	Beerink Fran	Ohysician- Retire	
	Receipt For: Primary	egate Year-to-Date ▼	
В,	Full Name (Last, First, Middle Initial)	: .	Date of Receipt
	Mailing Address		() () () () () () () () ()
	City Stat	e Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		
	Name of Employer Occup	ation Mysician]
	Peceint For	gate Year-to-Date ▼	· }
С.	Full Name (Last, First, Middle Initial)		Date of Receipt
•	Malling Address City State	e Zip Code	
	- Colly State	e zip code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		
	Name of Employer Occup	ation Wsician]
	Receipt For: Aggre	gate Year-to-Date ▼]
	Other (specify)		·
5	SUBTOTAL of Receipts This Page (optional)		3000
Ι,	OTAL This Period (last page this line number only)		56000

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SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE OF
ITEMIZED RECEIPTS	for each category of the	(check only one) 【【11a 【】11b 【】11c 【】12
	Detailed Summary Page	13 14 15 16 17
Any information copied from such Reports and Statements m or for commercial purposes, other than using the name and	ay not be sold or used by any pe address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		A
Arkansas Medical Soci	ety Political	Action Counittee
Full Name (Last, First, Middle Initial) A. Baker, Max A		Date of Receipt
Mailing Address PO BX 10277	·	10 23 2009
City State F+. Smith AR	Zip Code 7 2 9 17	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		300 00
Center for Psychiatry Ph	usician	1
Receipt For: Aggregate	Year-to-Date ▼	Ţ ·
Primary General Other (specify) ▼	5,00.00	
Full Name (Last, First, Middle Initial) B. B. bb, Bradley	:	Date of Receipt
Malling Address		Date of Necestr
51 Choctain Trace	Zip Code	10 29 2009
Cherokee Village AR	72529	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		300 00
Name of Employer Occupation NE ARK Clinic Dry	sivan	1
Receipt For	Year-to-Date ▼	1
Primary General Other (specify) ▼	30000	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		FAR OF RECEIPT / TAYAYAY
Z918 Louis Sessions City State	Zip Code	11 05 2009
Lake Village AR	71663	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		30000
Name of Employer Lake Village (Luic PM	sician	
Receipt For: Aggregate	Year-to-Date ▼	
Primary ☐ General Other (specify) ▼	300 ~	·
SUBTOTAL of Receipts This Page (optional)		9.000
TOTAL This Period (last page this line number only)		

SCHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE & OF
	Use separate schedule(s)	FOR LINE NUMBER: PAGE A OF (check only one)
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and Statements ma or for commercial purposes, other than using the name and a	ny not be sold or used by any per ddress of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
Arkansas Medical Socie	ety Political	Action Counittee
Full Name (Last, First, Middle Initial) A. Ovas, EVE		Date of Receipt
Mailing Address Smith St, D		08 24 2009
City Hope State Al	7180 I	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		00 00
Name of Employer Hope Migrout Com House Pho	ysician	-
Receipt For:	Year-to-Date ▼	· ·
Primary General Other (specify)		
Full Name (Last, First, Middle Initial) B. Covas, Eve		Date of Receipt
Mailing Address 5 mith St, D	12/17/2009	
City State AC	Zip Code 71801	
FEC ID number of contributing	71801	Amount of Each Receipt this Period
federal political committee.		200 00
1101 0 110100	sivan	
Receipt For: Primary General Aggregate	/ear-to-Date ▼	·
Other (specify)	300,™	
Full Name (Last, First, Middle Initial) C. Dedman, William D		Date of Receipt
Mailing Address 353 Cull Ed		10 23 2009
City State	Zip Code	
FEC ID number of contributing	71701	Amount of Each Receipt this Period
federal political committee.		300,00
	sician	
Receipt For: Aggregate Y	ear-to-Date ▼	
Other (specify)	3.0.0.00	·
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TOTAL This Period (last page this line number only)		

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SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE OF Check only one)
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Any information copied from such Reports and Statements m or for commercial purposes, other than using the name and	ay not be sold or used by any peaddress of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
Arkansas Medical Soci	ety Political	Action Counittee
A. Galloway Willan W		Date of Receipt
Malling Address 843		12/11/2009
Russell ville AR	Zip Code 72811	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		300 00
Russellville Dermatology Ph	ysician	1
7(4000111110 001110101010101	Year-to-Date ▼	-
Primary General Other (specify)	300 %	
Full Name (Last, First, Middle Initial) B. Golden, Kimberly		Date of Receipt
Mailing Address		111 09 2009
City Son State AR	Zip Code 71665	Amount of Each Receipt this Period
FEC ID number of contributing tederal political committee.		2000
Name of Employer Occupation RISON Clinic Phy	sician	·
	Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) - Hass, Farrell		Date of Receipt
Mailing Address Roven wood PL		12 68 2009
City Hot Sprungs AR	Zip Code 71901	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		30000
110 1011-011 105-100-	sician	
Aggregate Y Primary General Other (specify) ▼	/ear-to-Date ▼ 300 00	
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		Detailed Summary Page	13 14 15 16 17
۸ ٥	ny information copied from such Reports and Statement for commercial purposes, other than using the name a	ts may not be sold or used by any pe and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Arkansas Medical So	ciety Political	Action Counittee
Α.	Full, Name (Last, First, Middle Initial)		Date of Receipt
	Mailing Address Hultop PL		11 / 02 / 2009
	Russellille AG		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		20000
	Panaint For	Physician	
	Aggre Primary	gate Year-to-Date ▼	
В.	Full Name (Last, First, Middle Initial) Murtin, William C	:	Date of Receipt
	Mailing Address 2922 S. Wright	٥	12 03 2009
	City State Jaye Heuille AR	Zip Code 7 2 7 0 1	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		3000
		ation Wsician - Retued	
	Receipt For: Primary General Other (specify)	gate Year-to-Date ▼	
— С,	Full Name (Last, First, Middle Initial) McCrary, Robert		Date of Receipt
	Mailing Address Malvern Are		111 13 2009
	that Springs AR	71901	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		3000
	Possist For	ysician	
	Primary General Other (specify)	ate Year-to-Date ▼	·
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 5 OF 6 (check only one) X 11a
	ny information copied from such Reports and Statements for commercial purposes, other than using the name and		
	NAME OF COMMITTEE (IN Full) Arkansas Medical Soc	iety Political	Action Counittee
Α.	Full Name (Last, First, Middle Initial) MODA Michael Mailing Address		Date of Receipt
•	City Salem State A2	Zip Code 7 25 7 6	Amount of Each Receipt this Period
•	FEC ID number of contributing federal political committee.		3000
	Populat For	nysician	
	Primary General Other (specify)	te Year-to-Date ▼	
В.	Mailing Address 1007 E. Ma Hhews City State	Zip Code	Date of Receipt
	Tones Noro FEC ID number of contributing federal political committee.	72401	Amount of Each Receipt this Period
	Pagaint For	on ySician re Year-to-Date ▼	
 -	Full Name (Last, First, Middle Initial) Pierce, Burry		Date of Receipt
	Mailing Address PO 2330 City M+ View AR	Zip Code 7 2560	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		200 00
	Receipt Sem	ASician e Year-to-Date ▼	
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SCHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE OF
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Any information copied from such Reports and Statements in	nay not be sold or used by any per	son for the purpose of soliciting contributions
or for commercial purposes, other than using the name and	address of any political committee	to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
TO COMMITTEE (III T day)		A
Arkansas Medical Soci	ietu Ditical	Action Countitle
Full Name (Last, First, Middle Initial)	FOR THE P	
A. Rodaus, Charles H		Date of Receipt
Mailing Addrond	4	tistician about the second
Mailing Address 2 S. University	Ave	10/72/2000
	Zip Code	
City Little Rock State AR	72204	Amount of Each Receipt this Period
		Allount of Each Necept was relied
FEC ID number of contributing		20000
federal political committee.		
Name of Employer Occupation		-
Thetamily Clinic Pr	ysician	·
Paccint For	<u> </u>	7
Primary General Aggregate	Year-to-Date ▼	
Other (specify)	700,00	
Full Name (Last, First, Middle Initial)		
B. Saita, Michael	•	Date of Receipt
14 - W A 4 4 -	· · · · · · · · · · · · · · · · · · ·	
City o Sunbridge 1	5e	12 16 2009
City O State	Zip Code	
Jaye Heville AR	72703	Amount of Each Receipt this Period
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Booket Form	Year-to-Date ▼	· ·
Primary General	- 1	
Other (specify) ▼	30000	
_		<u>.</u>
Full Name (Last, First, Middle Initial)		
C. Shaller, Kimberly		Date of Receipt
Mailing Address	£ 50.5	
500 S. University Ave	505	11 18 2009
City State	Zip Code	
Little ROCK AR	72205	Amount of Each Receipt this Period
FEC ID number of contributing		2000
federal political committee.		200 00
Name of Employer Occupation	1610 1010	
	(Sician	
	Year-to-Date ▼	
Primary General	300.00	·
Other (specify) ▼	200,00	
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		(000.00
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	CHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 7 OF & (check only one)
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		Detailed Summary Page	13 14 15 16 17
A	ny information copied from such Reports and Statements m	ay not be sold or used by any pe	rson for the purpose of soliciting contributions
F 0	for commercial purposes, other than using the name and	address of any political committee	to solicit contributions from such committee.
$ \rangle$	NAME OF COMMITTEE (In Full)	1 > hi A	A contract of
L	Arkansas Medical Soci	ety political	Action Committee
Δ	Full Name (Last, First, Middle Initial) Shellon Eugene	•	Date of Receipt
	Mailing Address		المعمدان القدفان الفعمات
	City State	Zip Code	1 1.1 18 2009
	H. Spring Al	71901	Amount of Each Receipt this Period
•	FEC ID number of contributing		21/00
	federal political committee.		
	Name of Employer Occupation Occupation	ysician-Retired	1
	Paralet For	Year-to-Date ▼	_
	Primary General		
	Other (specify) ▼	30000	
	Full Name (Last, First, Middle Initial)		
В.		,	Date of Receipt
	Malling Address SIL E. Monroe	10 22 2009	
	State Al	Zip Code フ2401	
		12401	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		300 00
	Name of Employer Occupation		1
	11 110 0101	sician	
	Receipt For: Aggregate Primary General	Year-to-Date ▼	·
	Other (specify)	500 00	
C.	Full Name (Last, First, Middle Initial) StubL, Roun		Date of Receipt
	Mailing Address		[78] (BB) (BB)
	901 Burnett De State	Zip Code	10 23 2004
	M+ Home AR	72653	Amount of Each Receipt this Period
	FEC ID number of contributing		2000
	reserve pontea commutee.		
	Name of Employer Uncut Sugical (roug) Pry	Sician	
	Officer Company	Year-to-Date ▼	
	Primary General	2,00,00	
	Other (specify) ▼		
			\$00.00
SI	JBTOTAL of Receipts This Page (optional)		
π	OTAL This Period (last page this line number only)		

SCHEDULE B (FEC Form 3X)				PAGE OF A
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	FOR LINE (check only		FAGE 1 OF 1X
HEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b		24 25 26
	Detailed Summary Page	27	28a 28b	28c: 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the name	ents may not be sold or used and address of any political	by any perso committee to	on for the purpose of sol solicit contributions from	iciting contributions such committee.
NAME OF COMMITTEE (In Full)				
Ackgross Medical Social	y. Political	Act	ion Commi	Hee
Full Name (Last, First, Middle Initial)	- P 1-11	o dotob	· ·	•
Full Name (Last, First, Middle Initial) A. American Medic of AS Mailing Address	sociation com	uttel	Date of Disbursement	[ALLALALA]
1101 Vermon NW	<u>.</u>		0.7 08	2009
City	ate Zip Code	ĺ		
Purpose of Disbursement	20005			•
Tramper		208	Amount of Each Disbu	rsement this Period
Candidate Name		Category/		2000
Off 0	<u>:_</u>	Туре		
Office Sought: House Disbursem	ent For: rimary General			
1 1	Other (specify)	ł	•	
State: District:	•	 		
Full Name (Last, First, Middle Initial)	D-1. 04	-#/		
B. A	tial Com		Date of Disbursement	
Arrowican Medical Associa	ha com	whee	My 1 32 1	2009
Mailing Address VII MONT NW				2004
	ate Zip Code			
washington Do	20005	<u> </u>	•	
Purpose of Disbursement		A P	Amount of Each Disbu	reament this Pariod
Candidate Name	- 1	2.0.0	Amount of Each Disbu	rsement this remod
	C	ategory/ Type		~ 30000
Office Sought: House Disburseme	nt For:	- 7,-		<u> </u>
Senate P	rimary General			
	ther (specify)	1		
State: District:				
Full Name (Last, First, Middle Initial) C. /	-Political	total	Date of Disbursement	
	iation Counted	د ا		
Mailing Address	\		0.7 3.0	2009
1101 Vermont Nu)			
Str.	÷ ~ C			-
Purpose of Disbursement	20009			
Transfel	10	081	Amount of Each Disbu	sement this Period
Candidate Name	. Ca	ategory/		70 00
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Office Sought: House Disburseme	nt For: imary General	.		
	her (specify)	Ì	·	
State: District:	· /			
			1	00000
SUBTOTAL of Disbursements This Page (optional)		······· >		

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 2 OF A
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	
	Detailed Summary Page	27	28a 28b 28c 29 30l
Any information copied from such Reports and Statem or for commercial purposes, other than using the name	nents may not be sold or used to and address of any political	d by any pers	on for the purpose of soliciting contributions o solicit contributions from such committee.
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