

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 OF 159			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Ann Marie Buerkle for Congress**

Full Name (Last, First, Middle Initial) <b>A. Cardmember Services Key Bank Mastercard</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 24 / 2011
Mailing Address PO Box 790408		Amount of Each Disbursement this Period 39
City Saint Louis	State MO	
Zip Code 63179-0408	Purpose of Disbursement Bank Fee	Transaction ID : B-S-37
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of Cardmember Services Key Bank Mastercard(01/09/12)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Cardmember Services Key Bank Mastercard</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2011
Mailing Address PO Box 790408		Amount of Each Disbursement this Period 64.27
City Saint Louis	State MO	
Zip Code 63179-0408	Purpose of Disbursement Bank Fee	Transaction ID : B-S-38
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of Cardmember Services Key Bank Mastercard(01/09/12)
State: District:		

Full Name (Last, First, Middle Initial) <b>c. The New York Palace Hotel</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2011
Mailing Address 455 Madison Avenue		Amount of Each Disbursement this Period 822.2
City New York	State NY	
Zip Code 10022-6845	Purpose of Disbursement Lodging	Transaction ID : B-S-17
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of Cardmember Services Key Bank Mastercard(01/09/12)
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	