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 Academy of Nurse Practitioners/Political Action Committee

A.
Full Name (Last, First, Middle Initial): DAVE CAMP
Mailing Address: PO BOX 423
City: MIDLAND State: MI Zip Code: 48640
Purpose of Disbursement: RE-ELECTION
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / X General / Other (specify)
Transaction ID: SB23.4201
Date of Disbursement: 09 / 29 / 2004
Amount of Each Disbursement this Period: 500.00

B.
Full Name (Last, First, Middle Initial): LOIS CAPPS
Mailing Address: PO BOX 23940
City: SANTA BARBARA State: CA Zip Code: 03121
Purpose of Disbursement: RE-ELECTION
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / X General / Other (specify)
Transaction ID: SB23.4225
Date of Disbursement: 09 / 29 / 2004
Amount of Each Disbursement this Period: 500.00

C.
Full Name (Last, First, Middle Initial): BEN CARDIN
Mailing Address: 711 W 40TH ST #330
City: BALTIMORE State: MD Zip Code: 21211
Purpose of Disbursement: RE-ELECTION
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / X General / Other (specify)
Transaction ID: SB23.4189
Date of Disbursement: 09 / 29 / 2004
Amount of Each Disbursement this Period: 500.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **1500.00**

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