

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)

American Association of Nurse Anesthetists Seperate Segregated Fund

<p>A. Moran For Kansas</p> <p>Full Name (Last, First, Middle Initial) Moran For Kansas</p> <p>Mailing Address P.O. Box 1151</p> <p>City Hays State KS Zip Code 67601</p> <p>Purpose of Disbursement Contribution to Candidate</p> <p>Candidate Name Rep. Jerry Moran</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 1</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 24664668</p> <p>Date of Disbursement 09 / 26 / 2006</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution to Candidate</p>
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<p>B. McCrery for Congress</p> <p>Full Name (Last, First, Middle Initial) McCrery for Congress</p> <p>Mailing Address 4010 Franconia Road</p> <p>City Alexandria State VA Zip Code 22310-2136</p> <p>Purpose of Disbursement Contribution to Candidate</p> <p>Candidate Name Jim McCrery</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 4</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 24664628</p> <p>Date of Disbursement 09 / 26 / 2006</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Contribution to Candidate</p>
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<p>C. Simpson For Congress</p> <p>Full Name (Last, First, Middle Initial) Simpson For Congress</p> <p>Mailing Address 786 Hoff Drive</p> <p>City Blackfoot State ID Zip Code 83221</p> <p>Purpose of Disbursement Contribution to Candidate</p> <p>Candidate Name Michael K. Simpson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 2</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 24664656</p> <p>Date of Disbursement 09 / 26 / 2006</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution to Candidate</p>
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<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>4000.00</p>
<p>TOTAL This Period (last page this line number only)</p>	